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## Over-the-counter Medication Authorization Form

School personnel are unable to give over-the-counter medication to your child without your written permission. This form will give school staff personnel, who are certified in first aid training, permission to administer the medications checked below to your child when or if your child develops pain or fever at school, has a minor injury, gets an insect bite, etc. School staff personnel are expected to use their first aid knowledge and experience to assess the need for medication. ***It is recommended that you check with your medical provider to make sure there are no contraindications to the medication that you have selected for your child below.*** Notification will be given if any medication is given during the school day.

CHILD'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

By checking the medications below, I give permission for my child to receive the following during this school year:

- \_\_\_\_\_ acetaminophen (age/weight appropriate dose)
- \_\_\_\_\_ ibuprofen (age/weight appropriate dose)
- \_\_\_\_\_ Benadryl (age/weight appropriate dose for allergic reaction, swelling)
- \_\_\_\_\_ hydrocortisone cream 0.5% for itching bug bites or small rashes
- \_\_\_\_\_ antibiotic ointment for minor cuts and abrasions
- \_\_\_\_\_ SPF 30 sunscreen
- \_\_\_\_\_ insect repellent

\_\_\_\_\_ I DO NOT want my child to receive ANY medication at school unless I specifically provide it to the school for my child's use.

I authorize the school to assist my child in taking the medications indicated above, as needed, during school hours. I agree that I will not hold liable any member of the school staff for administering said medications according to package directions to my child.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

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updated

\_\_\_\_\_  
initials

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updated

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