

School: _____

School Year: _____



Grade: _____ Teacher: _____

Height: _____ Weight: _____

Parent Authorization for OVER THE COUNTER (OTC) MEDICATION at School

OTC medication may not be kept for more than 2 weeks without written authorization from a licensed healthcare provider. If OTC medication is needed for more than 2 weeks, complete the Parent-Prescriber Authorization (PPA) form for Medication at School.

START DATE: _____ STOP DATE (*2 weeks from start date*): _____

Student Name: _____ DOB: _____ Age: _____

Allergies: _____

Medication Name: _____ Strength (e.g. mg, mL, units): _____

Purpose of Medication: _____

Is this an *as needed* (PRN) medication? ☐ Yes ☐ No

If yes, give *as needed* for: _____

Dosage Form (e.g. tablet, capsule, liquid): _____ Route: _____

Frequency (e.g. specific time or hourly intervals): _____

Additional instructions: _____

I authorize the school nurse to administer or delegate to unlicensed school personnel the task of assisting my child in taking the above medication in accordance with the Alabama Administrative Code. ***I understand that the medication container must match the above order for the school nurse to accept.*** I understand that over the counter (OTC) medication must be in the original, unopened, and sealed container.

Parent or Guardian Name: _____ Signature: _____

Date: _____ Phone: _____

*If self-carry and/or self-administration is warranted, then the Parent-Prescriber Authorization (PPA) form must be completed instead. The Alabama State Department of Education and Alabama Board of Nursing *Medication Curriculum* (2019) require written physician authorization for self-administration of medication at school.