

The Prout School

Date_____

**AUTHORIZATION FOR THE DISPENSING OF OVER-THE-COUNTER
NON-PRESCRIPTION MEDICATION
(MANUFACTURER-LABELED CONTAINERS ONLY)**

Student Name_____Grade__DOB_____

Allergies_____

Other Conditions_____

Regulation 216-RICR-20-10-4.23 requires a written order from a licensed health care prescriber to dispense all Over-The-Counter (OTC) non-prescription medications in the school setting. The dispensing of these OTC's **will not be allowed without a physician's written order and signature** as well as **signed permission from parent/guardian**. If this form is not on file, we cannot provide comfort for your child. Medications are dispensed by the school nurse only.

Please check the following OTC medications the student can receive at school. Please note generic versions may be used.

ORAL

Tylenol/acetaminophen_____
Motrin/Ibuprofen_____
Tums/antacid_____
Non-sedative decongestant_____
Cough drops_____

TOPICAL

Hydrocortisone cream_____
Antibiotic ointment_____
First Aid Cream_____
Caladryl lotion_____
Soothe eye drops_____

Student has taken these medications before with no negative side effects.

Parent/Guardian Signature_____ **Date**_____

Home Phone_____

Work Phone_____

Emergency Phone_____

No student shall have in her/his possession any medications while on school property.

PHYSICIAN SIGNATURE_____ **DATE**_____