

Over the Counter (OTC) Medication Authorization Form

The Heights School
10400 Seven Locks Rd.
Potomac, MD 20854
Isaac White RN 301-365-0227 x 199
iwhite@heights.edu

NAME OF STUDENT: _____

DOB: _____

GRADE: _____

I hereby authorize The Heights School personnel to provide OTC medication as needed in the proper doses.

The OTC medications available in The Health and Medical Information Office are:

- Ibuprofen
- Acetaminophen
- Diphenhydramine (Antihistamine)

PARENT'S/GUARDIAN Printed Name

DATE

PARENT'S/GUARDIAN SIGNATURE

DAYTIME PHONE

Reviewed by RN: _____ Staff _____ may/ _____ may not administer _____

RN (Print Name)

RN Signature