

**MORAGA SCHOOL DISTRICT
SCHOOL MEDICATION AUTHORIZATION FORM**

**PERMISSION TO ADMINISTER
OVER THE COUNTER (OTC) MEDICATION**

MEDICATION DURING SCHOOL HOURS

This form must be completed by the parent/guardian and contain their signatures before any medication can be administered at school. **THE PARENT OR ADULT REPRESENTATIVE MUST BRING ALL MEDICATIONS TO SCHOOL IN THE ORIGINAL CONTAINER.**

I give permission for my child to receive over-the-counter (OTC) medication at school from the types listed on the attached page. I, or an adult representative whom I designate, will bring all OTC medication to school in its original container. I understand the dosage to be administered will not exceed the dosage recommended on the container unless an increased dosage is approved in writing by my child's physician. I understand additional OTC medications that are not on the list must be approved in writing by a physician before they can be administered to my child. I agree to, and do hereby hold the District and its employees harmless from any and all claims, demands, causes of action, liability or loss of any sort of or arising out of acts or omissions of the District or its employees with respect to this medication.

Name of Student: _____ Date of Birth: _____

Name of Medication: _____ Exp. Date _____

Reason for Medication: _____

Dosage : _____ Quantity of medication received: _____
(how much, how often, etc)

Start Date: _____ Stop Date: _____

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

Staff Signature: _____ Date Received: _____

Picked up by (name): _____ OR Disposed of on (date): _____

OTC Medication	Usage
Acetaminophen	To relieve pain caused by headache, toothache, menstrual cramps, sore throat, muscle pain, earache.
Antibiotic Ointment	First aid ointment to help prevent infection in minor cuts, scrapes, burns, impetigo.
Antiseptic spray	Topical pain control for superficial cuts, scrapes, burns.
Antihistamines such as Benadryl (Dyphenhydramine) or Zyrtec (Cetirizine)	To be administered at the onset of systematic reaction characterized by generalized rash, edema and/or mild to moderate respiratory distress due to environmental, food or insect allergies. Benadryl does not replace epinephrine in an anaphylactic reaction.
Burn spray	Topical pain control for superficial burns without blistering or broken skin (e.g., sunburn, minor burns, scalds, etc.).
Calamine lotion	Relief of itching and pain associated with insect bites, minor skin irritation and rashes due to poison ivy, poison oak or poison sumac. Dries the oozing and weeping of poison oak.
Ibuprofen	For pain and discomfort caused by menstrual cramps, headache, toothache and musculoskeletal pain.
Topical Orajel	Temporary relief of pain due to toothaches and other minor irritations of the mouth.
Throat Lozenge/Cough Drops	Temporary relief of pain associated with cough due to colds, minor irritation, sore mouth and throat.
Tums and other antacids	For stomach pain and discomfort.