

**Over-the-Counter (OTC) Medication Authorization Form  
Summer 2023**

**Student's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Current Grade:** \_\_\_\_\_

Please check “yes” or “no” to authorize Horizons Greater Washington nurse/medication trained staff to administer the following over-the-counter medications to your child. OTC medications are administered as per formulary below unless written directives are provided by a health care practitioner.

<b>Over the Counter Medication Formulary</b>	<b>Dose</b>	<b>Dose if Different from Formulary</b>	<b>Indications</b>	<b>Yes</b>	<b>No</b>
Diphenhydramine HCl tablets	6 yrs. to under 12 yrs. old - 12.5mg 12 yrs. and older - 25mg		Hay fever (itchy/watery eyes, congestion & sneezing) or allergic reactions of hives and itching to food and environmental allergens		
Diphenhydramine HCl liquid	6 yrs. to under 12 yrs. old - 5mL 12 yrs. and older - 10mL		Hay fever or allergic reactions of hives and itching to food and environmental allergens		
Acetaminophen tablets/chewable (160mg)/liquid Every 4 – 6 hours as needed	4-5 yrs. old – 7.5mL or 1.5 chewable tabs 6 -8 yrs. old - 10mL or 2 chewable tabs 9-10 yrs. old - 12.5mL or 2.5 chewable tabs 11 yrs. old - 15mL or 3 chewable tabs 12 yrs. and older- 650mg		Pain reliever/fever reducer		
Ibuprofen tablets/chewable (100mg)/liquid Every 6-8 hours as needed	4-5 yrs. old – 7.5mL 6 -8 yrs. - 10mL or 2 chewable tabs 9-10 yrs. old - 12.5mL or 2.5 chewable tabs 11 yrs. old - 15mL or 3 chewable tabs 12 yrs. and older- 400mg every 4-6 hours as needed		Pain reliever/muscle strains/fever reducer		
Calcium Carbonate (TUMS)	12 yrs. and older - 2 tablets		Acid indigestion		
Topical antibiotic ointment	Topical		Skin scrapes and abrasions		
Calamine/Hydrocortisone 1% cream - topical	Topical		Skin itching		

I hereby request and authorize Horizons Greater Washington personnel to administer medication as directed by the health care practitioner to my child as named above. I agree to release, indemnify, and hold harmless Horizons Greater Washington and its employees and volunteers, from lawsuit, claim, demand, or action against them for administering prescribed medication to this student, as directed by the health care practitioner.

**\*\*Both signatures are required to administer any of the medications listed above\*\*. Only parent signature required if Program has no authorization to administer medication listed above:**

**Health Care Practitioner Signature:**

**Date:**

**Parent/Guardian Signature:**

**Date:**