



St. Augustine of Canterbury School

A National Blue Ribbon School
Member of NCEA & AdvancED Accredited
45 Henderson Road • Kendall Park, New Jersey 08824
(732) 297-6042 • Fax (732) 297-7062



Authorization Form for Over-the-Counter Medications

Student Name: _____

Over-the-counter medications must have a physician's approval and parent/guardian permission to be administered. Below is a list of common over-the-counter medications that may be needed occasionally throughout the day. Please have your **physician** fill out and sign the form if you would like these medications available for your child:

Tylenol or Acetaminophen (include dosage) _____

Motrin or Ibuprofen (include dosage) _____

Benadryl or antihistamine (include dosage) _____

Tums (include dosage) _____

Cough drops/ throat soothers (include dosage) _____

Calamine lotion (include dosage) _____

Saline or other eye rinse (include dosage) _____

Physician's Signature: _____ **Date** _____

I/We authorize the School Nurse or, in his/her absence, another school employee designated and trained by the School Nurse to administer the above medication as indicated. I/We understand and agree that the School, the School Nurse, and its employees shall not be liable for any injury to the Student resulting from the administration of the medication as authorized by my signature below.

Signature of Parent/Guardian: _____ **Date:** _____

STAFFED BY THE
RELIGIOUS SISTERS FILIPPINI

