



# Phoenix Academy

## OF ART & SCIENCE

### Non-prescription Medication Authorization

This form is to be completed and signed by the parent/guardian authorizing medication to be given to the student during school hours. This form must be completed for non-prescription medications and returned to the school before the medicine can be given. **All non-prescription medication must be in the original container and labelled with the child's name.** If any changes occur during the school year, a new form must be completed and returned to school. This form is good for one school year.

#### Parent Permission Section (to be completed by parent/guardian)

Student \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Allergies \_\_\_\_\_

**The first dose of medication should always be given at home in case of an adverse reaction.** Please check the over the counter/non-prescription medication listed below that the school nurse may administer to your child according to the manufacturer's recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent and as an accommodation. You must supply all medications.

Y	N	Acetaminophen/Tylenol	Y	N	Cough drops
Y	N	Antacids/Tums	Y	N	Hydrocortisone cream 1%
Y	N	Antibiotic/Bacitracin ointment	Y	N	Ibuprofen/Motrin
Y	N	Benadryl/Diphenhydramine	Y	N	Other Medication: _____

If given as needed, describe/list indicators: \_\_\_\_\_

I understand that The Phoenix Academy, its employees or agents shall not incur any liability as a result of any injury arising from the self-administration of the medication by my child, shall exempt from liability and hold harmless school employees or agents against any claims arising out of the self-administration of medication by my child, and I understand that this authorization shall be effective for this current school year and must be renewed annually. We are required by law to maintain the privacy of your medical records. This privacy practice is adopted to ensure that the staff at The Phoenix Academy protects your privacy. We consider it our duty to prevent unlawful disclosure of your medical records. Except as otherwise permitted or required by law, we will not use or disclose your health records without your written authorization.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_