

THE HABERSHAM SCHOOL

Established 2012

Authorization for Over the Counter Medication Administration

My child _____ is authorized to receive the following over the counter medications:

- ___ Children's Tylenol (Acetaminophen) 160mg/5ml Dosage: _____ Frequency: _____
- ___ Children's Motrin (Ibuprofen) 100mg/5ml Dosage: _____ Frequency: _____
- ___ Adult Tylenol (Acetaminophen) 325 mg Dosage: _____ Frequency: _____
- ___ Adult Motrin (Ibuprofen) 200mg Dosage: _____ Frequency: _____
- ___ Children's Benadryl Dosage: _____ Frequency: _____
 (Diphenhydramine HCl) 12.5mg/5ml
- ___ Adult Benadryl Dosage: _____ Frequency: _____
 (Diphenhydramine HCl) 25mg

Notification Request:

___ Call parent before administration of medication; if unable to reach, medication should not be given.

___ Notify parent in writing if the medication was administered during the school day.

___ Parent does not need notification if medication was administered during the school day.

I hereby request The Habersham School personnel administer medication as directed by this authorization. I am aware that non-medical personnel may be administering medication to our child. I hereby release The Habersham School and all of its employees of and from any and all liability in law for damages either we or our child may incur as a result of this request.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Daytime Telephone Number(s): _____