



Authorization of Administration of Non-Prescription Medication Requires Health Care Provider's Signature

Child's name _____

Date of birth _____

Grade _____

List allergies: _____

In order for a student to receive over the counter (OTC) medication at GSSM, he/she must have this form on file, complete with the prescribing physician's signature. The SC Governor's School for Science and Mathematics (GSSM) Health Services' office makes single dose over-the-counter (OTC) medications available to students as needed and with the proper authorization.

Please check each OTC medication this student may take as recommended by the manufacturer on the label or package insert. **By checking any of the OTC medications and signing below, you are indicating those medications are authorized and not contraindicated for the above named student when deemed necessary, after assessment by a school staff nurse.**

- Generic Tylenol (acetaminophen) 650 mg, tablets, liquid, suppositories
- Generic Advil (ibuprofen) 400 mg
- Generic Pepto-Bismol (pink bismuth) 2 chewable tabs, followed by an additional dose in 30 minutes, if deemed necessary, for upset stomach not accompanied by vomiting
- Emetrol liquid for nausea and vomiting
- Generic Benadryl (diphenhydramine) 25-50 mg, for allergic reaction, allergy related symptoms, tablet & liquid form
- Generic Cold/Sinus Medication (Acetaminophen 650 mg, Phenylephrine HCl 10 mg, Dextromethorphan HBr 30 mg, and Guaafenesin 400 mg), for congestion with cough, sore throat (like Dayquil-non-drowsy), or generic Nyquil which contains Acetaminophen 650 mg, Dextromethorphan HBr 30 mg, and Doxylamine succinate 12.5 mg (antihistamine) and phenylephrine HCL 10mg
- Medicidin D, a generic cold med with acetaminophen 650 mg, chlorpheniramine maleate 4mg (antihistamine), and phenylephrine 10mg
- Generic Claritin (loratadine) 10mg, for allergies (not to be taken with any other antihistamine)
- Generic decongestant (phenylephrine) 10 mg, for congestion only
- Generic Anti-diarrhea medication, like Imodium (Loperamide HCl 2-4 mg)
- Generic Antacid medication, like Tums (chewable antacid) 2 tablets or Liquid generic Maalox (2-4 tsp) for acid indigestion or gastric reflux symptoms
- Generic Robitussin DM (Tussin DM), for cough
- Generic Robitussin CF (Tussin CF) for cough and congestion
- Milk of Magnesia (for constipation)
- Refresh eye drops, single dose usage, for eye irritation
- Cough drops, regular and sugar-free
- Sore throat lozenges

If your student brings any OTC medication to GSSM, it must be in the original labeled container. Please put your child's name on the container (box or bottle).

Please list any OTC medications being brought to GSSM from home:

Medication	Dosage	Purpose of medication	Frequency of administration
1.	1.	1.	1.
2.	2.	2.	2.
3.	3.	3.	3.

****Prescribing Health Care Provider's Signature** _____

Stamp, Print, or Type Health Care Provider's Name & Address:	Office Phone Number:
	Office Fax Number:

Section below to be completed by child's parent/guardian:

I give permission for my child, _____, to be given the OTC medications marked or entered previously, I give permission for the school nurse to contact the health care provider named previously, to discuss this medication and my child's health, if necessary. I give permission for the health care provider named previously, to provide information about this medication and my child's health to the school nurse. I understand that the school will only provide these medicines if I agree to the school's rules regarding administration of medication, or in the case of an emergency, if appropriate. I understand that I am responsible for notifying the school if my child's medications change in any way.

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

_____/_____
Print Name of Parent/Guardian **Phone Number**