THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA

Coordinated Student Health Services, 1400 NW 14th CT, Ft. Lauderdale, FL 33311

Grades 9-12

Authorization for Selected Over-The-Counter (OTC) Medication with Parental Approval Only

This Form Is VOID If Altered.

INSTRUCTIONS: Each section must be completed by parent/guardian for student to self-carry or self-administer any of the selected over-the-counter (OTC) medication with parental approval only. The form is void if any section is incomplete. This form is to be signed by the parent/guardian and student and notarized.

I. Student/Parent Information

Student's Name:	Birth Date:	Allergies:	Grade:
Parent/Guardian (Print Name):		Address:	
Home Phone:	Work Phone:	Other Phone:	

II. Medication (To Be Completed By Parent/Guardian)

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20_____ - 20_____ OR FROM _____ TO _____

Only ONE Medication may be selected. Only 2 doses of the medication are allowed on person.

Medication to be Administered by Mouth	Dosage and Time	Symptoms	Comments	Expiration Date of Medication
Acetaminophen (Tylenol) □Yes □No	Administer according to the manufacturers label	For relief of minor aches and pain; (100.4 temperature will not be treated at school)	Student with temperature over 100.4 must be sent home.	
Calcium Carbonate (Tums) □Yes □No	Administer according to the manufacturers label	For stomach ache or heart burn	Alert: May cause constipation.	
Ibuprofen (Advil, Motrin) □Yes □No	Administer according to the manufacturers label	For relief of body aches & menstrual cramps; (100.4 temperature will not be treated at school)	Alert: Contains no aspirin but should not be given if student has asthma or allergy to aspirin.	
Midol □Yes □No	Administer according to the manufacturers label	Menstrual cramps	Alert: Aspirin sensitive students should be careful.	
Allegra □Yes □No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.	
Lactaid □Yes □No	Administer according to the manufacturers label	Lactose intolerance	No common side effects when used in small doses.	
Claritin □Yes □No	Administer according to the manufacturers label	For relief of the symptoms of seasonal allergies (sneezing, itching, runny nose).	Alert: Avoid taking any other cold or allergy medicine unless your doctor has told you to.	

III. Parental Permission (To be completed by Parent/Guardian only)

By signing below, I (the parent or legal guardian) understand that the selected over-the-counter medications with parent only permission will be self-carried and self-administered by the student. I understand that if I permit my child to self-carry and self-administer medication, I assume full responsibility for any consequence resulting from medication administration by my child. I understand that all medication must be in the original container, clearly labeled with the student's full name. I understand and have discussed with my son/daughter that if he/she sells or transmits this medication, he/she will receive the consequences based upon the District's Discipline Matrix. By signing this form, I assume full responsibility of any consequence resulting from the self-carry and self-administration of the selected over-the-counter medications. I am also releasing The School Board of Broward County, Florida, from any liability that results in my son/daughter selling or transmitting any of the medications identified above.

Name of Parent/Legal Guardian (Please Print): _____

Signature of Parent/Legal Guardian: _____ Relationship to the Student: _____

Home Phone: _____ Business/Mobile Number: _____

Email Address: _____

IV. Student Acknowledgment (To be completed by Student only)

Name of Student (Please Print): _____

Signature of Student: _____

V. To be completed by Notary Public only

STATE OF FLORIDA

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____.

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

(Notary Seal)

_____
Official Notary Signature

_____
Printed Name of Notary