



**CHRISTIAN HERITAGE
ACADEMY**

**SCHOOL MEDICATION AUTHORIZATION FORM
OTC (OVER THE COUNTER) MEDICATIONS**

Illinois State Law requires written permission by a parent/guardian and licensed healthcare provider for administration of any medication at school. Please complete the following information, circle your preference of which over-the-counter medication(s) you would like your child to have permission to take, while at school, and provide the appropriate signatures at the bottom of this form. This form will be kept on file in the Health Service/Nurse's Office and will be **valid for 5 years**.

Student Name: _____ **Grade** _____

Tylenol or Advil Permission

Please circle which medication you would like your child to have permission to take during the school day. The Health Office stocks a generic supply of the medications listed below (acetaminophen and ibuprofen).

Tylenol 325 mg 1-2 tablets
Every 6 hours as needed

Advil 200mg, 1-2 tablets
Every 6 hours as needed

Tylenol 500mg (Extra strength) 1-2 tablets
Every 6 hours as needed

Advil Liquid - According to weight/age

Tylenol Liquid - According to weight/age

Benadryl - According to weight/age

Parent/Guardian & Physician Authorization

I authorize Christian Heritage Academy to administer said medications to my child, on an as needed basis, according to School Board Policy and Medication Administration Procedures and Guidelines.

Parent/Guardian Signature _____ **Date** _____

Physician Signature _____ **Date** _____

Physician's Name (Printed) _____ **Date** _____