

**Strain-Japan R-16 School District  
4640 Hwy H  
Sullivan, MO 63080  
Phone (573) 627-3243  
Fax (888) 971-4401**

**PHYSICIAN AUTHORIZATION FOR  
OVER THE COUNTER MEDICATIONS**

Name of Student \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_  
Street City/State/ZIP

Name of Licensed Prescriber \_\_\_\_\_ Title \_\_\_\_\_

Doctor's Telephone Number \_\_\_\_\_

I HAVE DETERMINED THAT IT IS NECESSARY FOR THIS MEDICATION TO BE ADMINISTERED DURING SCHOOL HOURS AS PER PARENT/GUARDIAN INSTRUCTIONS.

Please indicate the medications that may be given at school. Medication will be used as per product instructions. You may choose "All of the below" or make specific selection.

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> All of the below   | <input type="checkbox"/> Acetaminophen        | <input type="checkbox"/> Aloe                |
| <input type="checkbox"/> Antacids-Tums      | <input type="checkbox"/> Antibiotic Ointment  | <input type="checkbox"/> Benadryl oral/cream |
| <input type="checkbox"/> Burn gel/spray     | <input type="checkbox"/> Calamine Lotion      | <input type="checkbox"/> Cornstarch/Powder   |
| <input type="checkbox"/> Cough Drops        | <input type="checkbox"/> Hand Lotion          | <input type="checkbox"/> Hand Sanitizer      |
| <input type="checkbox"/> Heating Pad        | <input type="checkbox"/> Hydrocortisone Cream | <input type="checkbox"/> Hydrogen Peroxide   |
| <input type="checkbox"/> Ibuprofen          | <input type="checkbox"/> Oragel               | <input type="checkbox"/> Petroleum Jelly     |
| <input type="checkbox"/> Rubbing Alcohol    | <input type="checkbox"/> Saline Solution      | <input type="checkbox"/> Sunscreen           |
| <input type="checkbox"/> Topical Benzocaine | <input type="checkbox"/> Zinc Oxide           |  |

Other: \_\_\_\_\_

Other specific directions or information regarding this medication/administration:

\_\_\_\_\_

Specific side effects, contraindications or possible adverse reactions to be observed:

\_\_\_\_\_

\_\_\_\_\_  
Signature of licensed prescriber

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

PLEASE NOTE: The school only keeps a few of these items on hand. If you feel your child might need one of these items on a regular basis, it is up to you to supply it.

