



**Authorization/Parental Consent for Administering Medication  
2022 - 2023**

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies: \_\_\_\_\_

**PARENTAL CONSENT**

I, parent/guardian of \_\_\_\_\_, give my permission for him/her to take the following OVER THE COUNTER medications, as directed on the label:

Please check all that apply:

- |  |  |
|--|--|
| _____ <b>Acetaminophen</b> (i.e. Tylenol)              | _____ <b>Triple antibiotic ointment</b> (i.e. Neosporin) |
| _____ <b>Hydrocortisone cream</b>                      | _____ <b>Ibuprofen</b> (i.e. Advil)                      |
| _____ <b>Antacid tablet/stomach relief</b> (i.e. TUMS) | _____ <b>Cough drops</b> (Generic Cherry flavored)       |

\_\_\_\_\_ **Diphenhydramine\*** ( i.e. Benadryl) **\*For emergency purposes only** i.e. Bee sting, allergic reaction \* Please note student will need to be picked up by responsible adult and cannot drive\*

Other - \_\_\_\_\_

Furthermore, I give my permission for him/her to take the following **PRESCRIBED MEDICATION** while at Maine Arts Academy. I understand that a licensed medical provider will not administer the medication. Please complete a separate form for each prescribed medication. Any PRESCRIBED Medication to be given over 14 days or a long term prescription (i.e. EpiPen) must be accompanied by a written, signed physician order at the beginning of every school year.

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time(s) medication is to administered: \_\_\_\_\_

Medical Prescriber Name & Phone \_\_\_\_\_

Prescriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Asthmatic/Diabetic/Life Threatening Allergy ONLY:**

1). My child is both capable and responsible for self-administering this medication:  
\_\_ Yes-**supervised** \_\_ Yes-**unsupervised**. My child may carry this medication: \_\_ Yes \_\_ No

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date