

Sault Ste. Marie Public Schools
Authorization form for Over the Counter
Medications approved by physician & parent/legal guardian

Student's name: _____ Birth date: ___/___/___

Please check box of what you approve
Following directions as indicated on box or bottle for age & or weight

Headache, fever or pain

Children's Tylenol or ibuprofen (Motrin)

Upset stomach

(heartburn, acid indigestion
sour stomach)

Children's Pepto

Allergy

(sneezing, watery eyes, runny nose, itchy

throat) Benadryl (diphenhydramine HCL 25 mg)

Not for under 6 years of age or 47 pounds

Cough or sore throat

Cough drop

Diarrhea/loose stools

Anti-diarrheal (loperamide HCL 2mg)

Not for under 6 yrs. or 47-pounds

Eye drops

(debris or itchy or burning
eyes)

Sterile Eye Wash drops

Rash or itchy skin

Wash, dry, apply skin lotion if dry skin
or hydrocortisone cream for itchy

Vaseline or petroleum jelly to sooth
an abrasion once clean.

Physician signature: _____

Parent / Legal guardian signature: _____