



MOUNT SAINT MARY ACADEMY  
Sponsored by the Sisters of Mercy

**Over the Counter Medication Authorization**

Child's name: \_\_\_\_\_  
DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

It is the policy of the NH Department of Education that we must have written permission from a child's parents/legal guardian for a child to receive any medication at school. A new form must be filled out each year.

Listed below are the topical and oral medications used at Mt. St. Mary Academy on an "as needed" basis. These medications are only given according to package instructions unless a separate doctor's order is provided. **Please check off the medications that you wish your child to receive (on an as-needed basis). If nothing is checked off your child will not be able to receive any of the below treatments.**

- Acetaminophen (Children's Tylenol)
- Ibuprofen (Children's Advil)
- Antihistamine (Children's Benadryl) - emergency situation only
- Cough drops
- Burn cream
- Triple antibiotic ointment
- Hydrocortisone 1% cream
- \*\* Other (provided by parent): \_\_\_\_\_

Special instructions: \_\_\_\_\_  
Medical conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Child's usual physician/health care provider: \_\_\_\_\_ Phone: \_\_\_\_\_

I give the Mount Saint Mary Academy personnel permission to administer simple first aid when necessary. In the event of a more serious accident, I also give permission to transport my child by ambulance to a local hospital (**circle preferred: Elliot or CMC**) and to consult with my child's healthcare provider named above when necessary.

Emergency contacts:

1 <sup>st</sup> to call Name: _____	Phone: _____	Relationship to child: _____
2 <sup>nd</sup> to call Name: _____	Phone: _____	Relationship to child: _____
3 <sup>rd</sup> to call Name: _____	Phone: _____	Relationship to child: _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_