



PARENT AUTHORIZATION FOR DISPENSION OF OTC MEDICATIONS 2014-2015

I give permission for my child(ren) _____
to take the following non-prescribed medications, under the supervision of a designated staff member
of Mount Royal Academy, if the teacher/staff member deems it necessary. Dosages will be
administered according to the directions on the bottle unless a physician directs otherwise. "Routing
health care" may include but is not limited to these treatment procedures:

Headache/Fever: ACETAMINOPHEN (generic Tylenol)

Insect Bites; Sinus/Allergy: BENADRYL

Upset Stomach: TUMS

Mild Skin Abrasions: NEOSPORIN/BACITRACIN

Menstrual Cramps: IBUPROFEN (generic Advil)

Other: _____

Known Allergies: _____

Comments:

Parent/Guardian Signature: _____ **Date:** _____

Work Phone # _____

Relationship to Student _____

Cell Phone # _____

Home Phone # _____

**Please Note: Students WILL NOT be allowed to receive any of the above medications unless
this form is signed by a PARENT and returned to the office.**