



Concord Christian Academy
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**OVER THE COUNTER MEDICATION ADMINISTRATION/PERMISSION TO TREAT FORM
2021-2022**

According to the NH Code of Administrative Rules: Education, ED 311.02 School Health Services:
Non-prescription medication shall be given only with the written request and permission of the parent and/or guardian.

Student's Name: _____ DOB: _____ Grade: _____

***Please circle yes or no for each authorized medication.
No medication will be administered without parental permission.***

Acetaminophen (Tylenol):	Yes	No
Ibuprofen:	Yes	No
1% Hydrocortisone Cream:	Yes	No
Triple Antibiotic Ointment:	Yes	No
Benadryl liquid:	Yes	No
Benadryl Cooling Gel:	Yes	No
Orajel:	Yes	No
Antacids (TUMS):	Yes	No
Cough drops:	Yes	No
Lubricant Eye Drops:	Yes	No

_____ Do NOT administer any over the counter medications to my child.

_____ Only use the OTC medications I provide for my child.

Tylenol (Jr. strength liquid/chewable), Ibuprofen (Jr. strength liquid/chewable) and Benadryl liquid are dosed by age/weight. Please specify your child's current weight_____.

Special Instructions: _____

ALLERGIES: _____

I hereby authorize the school nurse or designee, to assist my child in taking the above oral or topical medications and agree that I will not hold liable any member of the school staff who is directed by myself and the School Director to assist my child in taking said oral or topical medication.

Parent/Guardian Signature

Date