



## Authorization for As Needed Medication Administration

\_\_\_\_\_  
Student's Name (Last, First, Middle)

\_\_\_\_\_  
Date of Birth

9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup>  
Grade (Circle one)

I hereby acknowledge that I am primarily responsible for administering medication to my child or ward. However, in the event that I am unable to do so, I hereby authorize the school nurse or her designee, on my behalf, to administer or attempt to administer to my child or supervise self-administration by my child on an as needed basis the following:

**Check all that apply:**

\_\_\_ Ibuprofen 200mg, 1-2 tablets by mouth every 4-6 hours as needed for temporary relief of minor aches and pain due to the common cold, arthritis, muscle aches, headache, toothache, and fever. (Max: 6 tablets per 24hr period). Generic for Motrin or Advil.

\_\_\_ Acetaminophen 500mg 1-2 tablets by mouth every 4-5 hours as needed for temporary relief of minor aches and pain due to the common cold, arthritis, muscle aches, headache, toothache, and fever. (Max: 8 tablets per 24hr period) Generic for Tylenol.

\_\_\_ Antacid Calcium carbonate 1000mg 1-2 tablets chewed by mouth every 2-3 hours as needed for relief of acid indigestion, sour stomach, heartburn and upset stomach. (Max: 7 tablets per 24hr period). Generic for Tums.

\_\_\_ Wound wash, Benzalkonium chloride 0.13%, Lidocaine hydrochloride 2% to clean minor cuts, scrapes and burns by thoroughly flushing the affected area, let dry. Temporarily relieves pain and itch while helping to prevent infection. Generic for Band-Aid brand hurt free antiseptic wash.

\_\_\_ Triple antibiotic ointment, per gram Bacitracin Zinc 400 units, Neomycin Sulfate 3.5 mg, Polymyxin B Sulfate 5,000 units, to help prevent infection in minor cuts, scrapes, burns. Apply a small amount (an amount equal to the surface area of the tip of a finger) on the cleansed area 1 to 3 times daily, may be covered with a sterile bandage. Generic for Neosporin.

\_\_\_ Diphenhydramine 25mg, 1-2 tablets by mouth every 6 hours for temporary relief of urticaria, runny nose, sneezing, itchy watery eyes, itchy throat/nose due to hay fever, allergies, cold symptoms. (Max: 6 doses per 24hr period) Generic for Benadryl.

\_\_\_ Lubricant eye drops, carboxymethylcellulose Sodium 0.5%, glycerin 0.9%, 1-2 drops in affected eye as needed for temporary relief of burning, irritation and discomfort due to dryness of the eye, exposure to wind and sun. Generic for Refresh Tears or Equate Restore Dual Sensitive Lubricant Eye Drops.

\_\_\_ Throat lozenges, menthol 7.6mg dissolve 1 drop every 2 hours for temporary relief of cough and minor irritation or sore throat due to a cold. (Max: 5 drops per 24hr period). Generic for Halls cough suppressant/oral anesthetic.

I certify that my child has been instructed in the use of the medication, understands the reason for the medication, and the necessity to report any usual side effects. My child is capable of using the medications independently. I agree to indemnify and hold harmless Joliet Catholic Academy, its employees and agents against any claims, except a claim based on willful and wanton conduct, arising out of the administration or self-administration of medications. It is my responsibility to notify the School Nurse of any change in my child's health status or medication. **This authorization is effective for the duration of the school year during which the form is signed by the parent/guardian. This form must be renewed for each school year. I understand that I may revoke the authorization contained herein at any time in writing.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Printed Name of Mother/Guardian

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Physician Printed Name or Stamp / Phone #

\_\_\_\_\_  
Printed Name of Father/Guardian

\_\_\_\_\_  
Emergency Phone #

\_\_\_\_\_  
Physician Address