THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
and
FLORIDA DEPARTMENT OF HEALTH IN SARASOTA COUNTY
SCHOOL HEALTH SERVICES

# MEDICATION AUTHORIZATION FOR OVER-THE-COUNTER MEDICATIONS

**Instructions**: Return this completed form to the school health room.

Student Name _____

Date of Birth _____ Sex _____ School Year 20 _____ - 20 _____ Grade _____

School Name _____

List child's allergies _____

I grant permission to the principal or his/her designee to assist in the administration of over-the-counter medication to my child while in school. I will supply the named medication in an unopened, original store-issued container. I understand that it is my responsibility to hand carry medication to the school health room. (**Do not send medication to school with your child.)** I understand that this agreement is valid until I terminate permission or until the end of the current school year. I understand the law provides that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would under the same or similar circumstances.

**No other medications have been approved**.

| | |
|---|---|
| ☐ Desitin | For use on diaper area: (circle)<br>Rapid relief cream, maximum strength original paste, or multi-purpose ointment |
| ☐ Balmex | For use on diaper area: (circle) Multi-purpose ointment or diaper rash cream |
| ☐ A and D | For use on diaper area: (circle) Original ointment or zinc oxide cream |
| ☐ Vaseline | Apply to unbroken skin areas directed by parent |
| ☐ Sunscreen | SPF of 30 or more to sun-exposed areas in students older than 6 months |
| ☐ Insect Spray | Apply per package directions |

Parent/Guardian Name _____

Emergency Phone No. _____ Home Phone No. _____

Work Phone No. _____ Cell Phone No. _____

Address _____
Street City State Zip

Parent/Guardian Signature _____ Date _____

---

_____ _____
Medication Order Reviewed By School RN Name Date