



St. Bartholomew School
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Reverend Thomas J. Walsh, M.Div.
Pastor

Mrs. Theresa Craig, M.Ed.
Principal

**Authorization Form for
Over-the-Counter Medication**

Student Name (Please print.): _____

Over-the-counter medications must have a physician's approval and parent/guardian permission to be administered. Below is a list of common over-the-counter medications that may be needed occasionally throughout the day. Please have your **Physician** fill out and sign the form if you would like these medications available for your child.

Tylenol or Acetaminophen (include dosage): _____

Motrin or Ibuprofen (include dosage): _____

Benadryl (include dosage): _____

Tums (include dosage): _____

Physician's Signature: _____ Date: _____

I/ We authorize the School Nurse or, in his or her absence, another employee designated and trained by the School Nurse to administer the above medication(s) as indicated. I/We understand and agree that the school, the School Nurse, and its employees shall not be liable for any injury to the student resulting from the administration of the medication(s) as authorized by my signature below.

Name (Please print.): _____

Signature of Parent/Guardian: _____ Date: _____

*The mission of St. Bartholomew School is to love, educate and inspire
our children to live the teachings of Jesus Christ.*