



## Over-the-Counter Authorization

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Select Over-the-Counter (OTC) medications may be provided, with parent's consent, to treat minor aches and pains, wounds, bug bites, or other injuries or illnesses that may occur throughout the year. Unless parental authorization has been given, OTC medications will not be made available to students unless necessary as part of general first-aid treatment.

As the parent/legal guardian of the above-named student, I hereby authorize that the following medications, indicated below, may be administered by designated Wichita Christian School personnel to my student, consistent with the directions and dosages listed on the medication's label, if the need arises. Furthermore, I shall indemnify and hold Wichita Christian School and their personnel harmless against any claims that may arise relating to my student being administered the indicated Over-the-Counter medications.

Additionally, I understand that, although Over-the-Counter medications are made available, all WCS Health Guidelines listed in the Parent/Student Handbook still apply. As such, if my student presents with an elevated temperature, vomiting, diarrhea, skin rash, head lice and/or any other symptom believed to be communicable or preventing my student from participating in regular activities, then my student may be sent home early, denied admittance upon arrival, or required to remain home until a doctor's note is provided.

Initial	OTC Medication	Allow	Note
	Acetaminophen/ Tylenol	YES / NO	
	Ibuprofen/ Motrin	YES / NO	
	Antibiotic Ointment	YES / NO	
	Hydrocortisone Ointment	YES / NO	
	Cough Drops	YES / NO	
	Tums/ Antacid (TK-12)	YES / NO	
	Bug Spray (Preschool)	YES / NO	
	Sunscreen (Preschool)	YES / NO	

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_