

NSU University School - Authorization for Medication

Student's Name: _____ Date of Birth: _____
 Grade: _____ Allergies: _____ Primary Phone Number: _____

Medications available in the clinics (over the counter)

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE
Acetaminophen	Per Package Instructions		
Ibuprofen	Per Package Instructions		
Benadryl (Diphenhydramine)	Per Package Instructions		
TUMS/Pepto Bismol	Per Package Instructions		
Caladryl /Benadryl topical	Per Package Instructions		
Neosporin/Polysporin	Per Package Instructions		
Cough Drops	Per Package Instructions		
Children's Tylenol+	Per Package Instructions		
Children's Ibuprofen+	Per Package Instructions		
Pepto Kids+	Per Package Instructions		
Infants' Tylenol**	Per Package Instructions		
Children's Benadryl+**			

Benadryl will not be administered to children under the age of two therefore, please indicate an alternative if needed. Doctor must specify dosing for ages two-five.
 +Medication found only in Lower School Clinic **Medication found only in Preschool Clinic

Other Medications/Prescriptions

MEDICATION	DOSAGE & ROUTE	FREQUENCY	INDICATION FOR USE

Medical Treatments During School Hours (i.e., blood glucose checks, nebulizer, wound care, etc.)

In order for NSU University School to dispense any medication, including over the counter medication, or to provide medical treatment, both a parent and the child's physician must sign this form.

I grant the nurse, director, or his/her designee permission to assist or perform the administration of each medication to or for my child during the school day including when he/she is away from school property for official school events.

- NOTE:
- Medication will only be administered if a completed Authorization for Medication form has been submitted.
 - Prescription or medications other than the over-the-counter medications listed on this form as clinic supply must be provided in their original container.
 - Only medications authorized by a physician may be administered by school personnel.
 - It is your responsibility to notify the school when there is a change in the medication regimen.

If your child does require prescription medication or you wish for your child to have access to over-the-counter clinic medication during the school day and/ or on field trips, both a parent name and signature AND a physician name and signature are REQUIRED.

Parent Name (Print)	Parent Signature	Date
Physician Name (Print)	Physician Signature	Date
Physician's Telephone # _____	Physician's ME # _____	

This form should be uploaded to Magnus Health or emailed to the school nurse at uschoolnurses@nova.edu.