



SOLVERUS ACADEMY

CHRISTIAN PRESCHOOL

Over the Counter Medication Authorization Form
(To be filled out by a parent or legal guardian)



Child's Name: _____ DOB: _____

Emergency Contact Name: _____ Number: _____

If you would like to authorize the use of any of the items listed below please check the box and initial.

Diaper Rash Ointment - Parents Initials _____

I authorize the staff of SolVerus Academy to put diaper rash ointment on my child whenever the teachers deem necessary to avoid/prevent diaper rash. I understand that I need to provide the diaper ointment for such use.

Teething Tablets- Parents Initials _____

I authorize the staff of SolVerus Academy to give my child teething tablets with the dosage directed per tablet instructions, as needed.

Benadryl - Parents Initials _____

**** We will not administer Benadryl to children under age 2 without a doctors written instructions.**

I authorize the staff of SolVerus Academy to give my child a dose of Benadryl in the amount of _____. This dosage will only be given if my child has a reaction to a food or bug bite or if needed for a seasonal allergy.

Tylenol or Ibuprofen - Parents Initials _____

**** We will not administer Tylenol or Ibuprofen to children under age 2 without a doctors written instructions.**

I authorize the staff of SolVerus Academy to give my child a dose of Tylenol in the amount of _____. This dosage will only be given if my child has a low grade fever unrelated to a contagious illness, pain or headache.

Sunscreen - Parents Initials _____

I authorize the staff of SolVerus Academy to put sunscreen on my child whenever they go outside to play or have water play. I understand that I need to provide the sunscreen in order for it to be applied on my child.

Other (Non-prescription): _____ - Parents Initials _____

Specify Instructions:

Parent/Legal Guardian Signature

Printed Name

Date

****Please Note this form must be re-done each year.****