Northome School ISD# 363
School Year 2026-2027
Stock OTC - Over The Counter Medication Administration Authorization

Student:_____DOB:_____Grade:_____

Allergies:_____

Over the counter medication will only be dispensed per package directions. Doses outside of the range listed on the label will only be given if there is written and signed authorization from a Health Care Provider. Please note: The Health Office may decline medication request if deemed inappropriate The below listed medications will be available for your student in the Health Office.

**Please check Yes or No to allow your student to take/use OTC medication(s).

Medication Name:	Indications:	Yes	No
Ibuprofen 200mg Tablets	Pain Reliever / Fever Reducer		
Acetaminophen 325mg Tablets	Pain Reliever / Fever Reducer		
Children's Chewable Tylenol 160mg Tablets	Pain Reliever / Fever Reducer		
Tums 750mg Chewable Tablets	Upset Stomach / Heartburn		
Triple Antibiotic Ointment / Bactine Spray	Infection Prevention (cuts/scapes)		
Hydrocortisone Cream 1%	Anti-itch		
Refresh Eye Drops (single-use)	Dry Eye Relief		
Cough Drops	Cough / Sore Throat		

☐ I request a phone call for permission prior to any over the counter medication administration.

Name:_____Phone:_____

- I give permission for the medication(s) listed above to be given to my student according to the manufacturer label directions and administration by designated personnel as delegated by the School Nurse/Health Office.
- I release school personnel from any liability in relation to this request when the medication is given per manufacturer label.

Parent Signature:_____Date:_____

Please contact the Health Office with any questions or concerns @ 218-897-5275 ext. 156