

**2011-2012 School Year  
Heritage Christian School  
Authorization And Release Form For The  
Administration Of Prescription and Non-Prescription Medications  
To Students**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Child's weight \_\_\_\_\_ Child's age \_\_\_\_\_

Known medication allergies: \_\_\_\_\_

Prescription Drugs

A prescription drug may be administered at school if it is in the original prescription container with the student's name, the dosage, time to be given, and the attending physician's name.

Non-prescription Drugs

The following Over-The-Counter medications are available if the need occurs and may be administered to the student with parental approval:

(Please initial ones that you approve for administration to your child)

\_\_\_\_\_ Chewable Children's Strength Acetaminophen (Tylenol) 80mg each tablet.

| Weight (lb) | Age (yr) | Tablets |
|-------------|----------|---------|
| 24-35       | 2-3      | 2       |
| 36-47       | 4-5      | 3       |
| 48-59       | 6-8      | 4       |
| 60-71       | 9-10     | 5       |
| 72-95       | 11       | 6       |

Give my child \_\_\_\_\_ Tablets.

\_\_\_\_\_ Chewable Jr. Strength Acetaminophen (Tylenol) 160mg each tablet.

| Weight (lb) | Age (yr) | Tablets |
|-------------|----------|---------|
| 48-59       | 6-8      | 2       |
| 60-71       | 9-10     | 2 1/2   |
| 72-95       | 11       | 3       |
| 96+         | 12       | 4       |

Give my child \_\_\_\_\_ Tablets.

\_\_\_\_\_ Swallowable Regular Strength Acetaminophen (Tylenol) tablets 325mg each tablet.  
(children 12 and over: 2 tablets every 4 to 6 hours; children 6-11, 1/2 to 1 tablet every 4 to 6 hours)

Give my child \_\_\_\_\_ Tablets.

\_\_\_\_\_ Chewable Jr. Strength Ibuprofen (Motrin) 100mg each tablet.

| Weight (lb) | Age (yr) | Tablets |
|-------------|----------|---------|
| 48-59       | 6-8      | 2       |
| 60-71       | 9-10     | 2 1/2   |
| 72-95       | 11       | 3       |

Give my child \_\_\_\_\_ Tablets.

\_\_\_\_\_ Swallowable Ibuprofen tablets 200mg each tablet (1-2 tablets for children 12 & over)  
Give my child \_\_\_\_\_ Tablets.

\_\_\_\_\_ Benadryl elixir 25mg per teaspoon taken orally (In case of stings/allergic reactions)  
Give my child \_\_\_\_\_ Teaspoons.

\_\_\_\_\_ Triple antibiotic cream (like Neosporin)

I authorize school personnel at Heritage Christian School to administer the above medications to my child. The Board of Education and their designated representative from Heritage Christian School shall be released from any liability concerning the giving or non-giving of medications to my child. This form is valid for the 11-12 school year and expires on May 31, 2012.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date