



Student Name: _____ Date of Birth: _____

Allergies: _____

The Woodstock Academy

Over-The Counter Medication Authorization Form

Over the counter medications such as Advil, Tylenol, Antacids, Cough and Cold Medications should not be brought to school by students. It is important to prevent self-treatment by the student, which may lead to delayed care in more serious conditions (for example: bronchitis, pneumonia, and strep). **Permission from parents to give over the counter (OTC) medications is needed before any medications can be given by our nursing staff.** The Woodstock Academy Medical Director has written Standing Orders for the most common OTC medications and may be given with written permission of parents/guardians. The health office staff will notify parents by phone or email when medication is given so that proper follow-up care can be given at home if needed.

I, _____, give my permission to the School Nurse and designated school officials to administer over-the-counter medications to my son/daughter named here _____ *(please print name of student)* as prescribed in the Standing Orders from The Woodstock Academy Medical Director.

Parent/Guardian Signature: _____

Date: _____

This authorization form is only valid for the 2023/2024 school year. If at any time a parent/guardian would like to withhold this authorization then they should notify the Director of Health Services of their decision in writing by email to bsaucier@woodstockacademy.org or by mail to Attn: Bobbie-Jo Saucier, 57 Academy Road, Woodstock, CT 06281.