Liberty Christian Academy (TK - 12th Grade)

Over-the-Counter Medication Form (OTC)

Student Name _____ Birth Date_____

Classroom/Homeroom Teacher Name_____

* In accordance with North Carolina State Law NC 115C-375.1, **physician authorization** and **parent permission** are required before school employees can administer any OTC medication.

THIS BOX TO BE COMPLETED BY PHYSICIAN

Pain: ☐ Acetaminophen (Tylenol or generic equivalent) ☐ Ibuprofen (Advil or generic equivalent) ☐ Midol (girls only) Be Stings or Allergic Reactions: ☐ Diphenhydramine (Benadryl or generic equivalent) Upset Stomach: ☐ Tums (chewable) First Aid for Minor Scrapes/Itching: ☐ Antibacterial Ointment (Polysporin or generic equivalent) ☐ Cortizone Cream 1% Other: ☐ Check here for OTC medication not listed Medication name: _____ ☐ Check here for authorization to administer **ALL** OTC medications listed	* Medications will be administered and dosed according to product directions and child's weight. **Child's Weight:**_____(required) **There are no medical contraindications to administering the above indicated over-the-counter medications.** _____ PHYSICIANS NAME (Please Print) _____ PHYSICIANS SIGNATURE Date: _____

PARENT'S PERMISSION

- I do hereby give permission for the above indicated non-prescription medications to be administered to my child (named above) by the school nurse or designee.
- I do hereby release Liberty Christian Academy, its administrators, staff and faculty from any and all damages for any accident, injury or illness that may result from or related to the administration of the above indicated non-prescription medications.
- I hereby authorize the school nurse to share this information with Liberty Christian Academy staff as necessary for the safety and welfare of my child during the school year.

_____ _____

PARENT/GUARDIAN SIGNATURE Date

Updated 7/21/26