



Authorization to Dispense Non-Prescription Medication

I hereby authorize (Scotus Central Catholic High School) to administer the following over-the-counter medication(s) to _____
(Student Name and Grade)

- () Aspirin
- () Acetaminophen
- () Ibuprofen
- () Cough drop/throat lozenge
- () Antacid tablets (chewable)
- () Antibiotic cream/ointment

Name of Parent or Guardian (**Please print**):

_____ Date _____

Signature of Parent or Guardian:

_____ Date _____

Name of Office Personnel Receiving Authorization and Date Received:

_____ Date _____