

PARENT/GUARDIAN AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION
Covered by NMDOH Standing Orders for OTC Medication

Student Name: _____ ID#: _____ Date of Birth: _____

School: _____ School Year: _____

Indication: _____ Corresponding NMDOH Standing Order: _____

Name of medication: _____ Dosage: _____ Time: _____

Special instructions/reason for medication: _____

Will the student be carrying and taking this medication on his/her own? ☐Yes ☐No

*If **YES** is selected: I/We understand that our child will be responsible for carrying and taking their own medication and that they are only authorized to carry one day's supply of medication in the ORIGINAL LABELED container indicating the name of the medication and the dose of the medication or dosing recommendations.*

*Reminder: *Students are **not allowed to self carry controlled substances** (for example, Tylenol #3) and will be required to come to the Health Office to take any medication classified as a controlled substance.*

Parent/Guardian Signature: _____ Phone: _____ Date: _____

School Nurse Signature: _____ Date: _____

For Health Office:

*Standing orders are available from the NMDOH/NM School Health Manual (NMSHM). Please refer to the listing of approved OTC medication found in NMSHM Chapter 15. **If the medication is not included in the listing a provider order will be needed.** A copy of each standing order should be placed in the Health Office Book (HOB).*

A student requiring OTC medication for more than 3 consecutive days should be considered for a medical evaluation (also consider this for students seeking OTC medications frequently).