



LACORDAIRE ACADEMY

155 LORRAINE AVENUE, UPPER MONTCLAIR, NJ 07043

PHONE 973.744.1156 / FAX 973.783.9521 / www.lacordaire.net

Authorization Form for Over-the-Counter Medications

Student's Name _____ Grade _____

By law the school nurse needs an approved form from the student's physician and parent/guardian permission before she can administer any form of medication.

Over-the-counter medications in stock at the nurse's office are: Ibuprofen, Acetaminophen, Benadryl, Tums, Cough Drops, Calamine Lotion and Saline Solution. Please have your physician fill out and sign this form and either bring it to the nurse's office or fax it to 973-783-9521.

Ibuprofen (include dosage) _____

Acetaminophen (include dosage) _____

Benadryl (include dosage) _____

Tums (include dosage) _____

Cough Drops (include dosage) _____

Calamine Lotion (include dosage) _____

Saline Solution (include dosage) _____

Physician's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____