



Upton Lake Christian School
P.O. Box 63
Clinton Corners, NY 12514
845-266-3497
www.uptonlake.com

Authorization For Over-The-Counter Treatment

If you would like your child to have access to anything noted below, New York State requires that both a **physician and parent** sign this form.

• Student Name _____ Grade _____ DOB _____

Please administer, as needed, the following over the counter medications throughout the school year to the above mentioned student.

Hydrocortisone cream for itchy rash, insect bites
Burn gel for minor burns
Antibiotic ointment for lacerations or abrasions
Sting relief swab for bee stings and insect bites
Vaseline for chapped lips or dry skin
Eye wash or saline solution for irritated eyes due to allergies or contacts
Sunscreen (not provided by school)

Tylenol for headache or pain
Ibuprofen for headache or pain
Benadryl for allergic reactions

** Please note, a call will be made home before administration
of any oral over the counter medication**

*Please cross off anything you are not comfortable with and add anything else you feel your child may need.

The above list is stocked by school. Any other medication will need to be provided by you in the original container and brought to school by an adult.

*Generic medications may be used, unless otherwise noted, all of the above will be administered as per label instructions.

Physician's Name (printed): _____ Date _____

Physician's Signature _____

Physicians Phone number _____

Physicians Stamp is required:

I request that the Health Office administer the above mediation to my child as prescribed by their physician.

Parent Name(printed) _____ Date _____

Parent Signature _____

Parents phone number _____