

**Blessed Sacrament School**

**Authorization to Administer Non-Prescription, Over the Counter  
Medication**

**Name of Student:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_

**Time to be given:** \_\_\_\_\_

**Special Instructions:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_