NORD ANGLIA EDUCATION

Authorization for Over the Counter Medication

I hereby give the Health Care Manager or his/her designated chaperone of our Student's School, _____, permission to apply or give one or more of the following over the counter medications or external preparations, in accordance with the directions for use on the container.

Student's Name: _____

☐ Tylenol ☐ Antibiotic Ointment ☐ First aid spray ☐ Ibuprofen ☐ Cough Drops

List any other OTC medications your child may need:

_____ _____ _____

_____ _____ _____

Special Directions:

_____

_____

_____

_____

Important Note: **All medications need to have your Student's name on them and be in the original packaging with doses and directions for administration. All medications must be supplied by parents and given directly to the designated chaperone/health care manager. In the event it is necessary to purchase specific medication while on the trip, your school account will be billed for the cost.**

Parental Permission (to be completed by Parent/ Legal Guardian):

I grant the Health Care Manager or his/her designated chaperone permission of our Student's School, _____, to assist in the administration of each over the counter medication to be provided.

I hereby release and hold Nord Anglia Education and its affiliated companies and schools and their respective officers, employees, agents and representatives harmless from any liability for administering these over the counter medication.

Parent/ Guardian Name: _____ Phone Number: _____

_____ _____

Signature of Parent/Legal Guardian (please type name) Date of Signature