

The Huda Academy

3221 Anna Street :: Little Rock, AR 72204

Phone: 501-565-3555 Fax: 501-565-3203

WHERE GUIDANCE PROMOTES EXCELLENCE

PRESCRIPTION/OTC MEDICATION AUTHORIZATION FORM

OTC (OVER THE COUNTER) MEDICATIONS will be administered by The Huda Academy if the permission of a parent or legal guardian is specifically given for each medication listed below. If the medication you wish your child to take is not listed here, it must be approved. Following is a brief list of pre-approved OTC MEDICATION: Acetaminophen (Tylenol®), Ibuprofen (Motrin®/Advil®), Calcium Carbonate (Tums®), Bismuth Subsalicylate (Pepto Bismol®), Bacitracin (Neosporin®), and Deiphenhydramine (Benadryl®). If you wish your child/children to be given these OTC Medications on an as needed basis, you must initial beside each below. The Huda Academy only administers medication as indicated on the instruction label on the box or container in which medication is purchased. Parents/Legal Guardians must purchase and provide all OTC Medications.

PRESCRIPTION MEDICATIONS must be prescribed by a licensed physician, and will only be administered if delivered to our office in the original container as obtained from the pharmacy. Further, the label on the container/bottle must be intact; listing medication name, appropriate age, dosage requirements and the student's name. Medications prescribed to siblings will not be administered to other family members.

STUDENT:

EMERGENCY CONTACT:

|TEL:

FAMILY PHYSICIAN:

|TEL:

ALLGERGIES (PLEASE BE SPECIFIC):

DOES STUDENT TAKE ANY PRESCRIPTION MEDIATION ON A REGULAR BASIS (PLEASE LIST):

DOES STUDENT USE ANY TESTING DEVICES (BLOOD MONITOR, ETC)	YES []	NO []
IF YES, IS CHILD TRAINED IN USE/ADMINISTRATION OF THIS TEST	YES []	NO []
DOES STUDENT USE ANY EMERGENCY MEDICATIONS (INHALER, ETC)	YES []	NO []
IF YES, IS CHILD AUTHORIZED TO CARRY THIS MEDICATION ON HIS/HER PERSON	YES []	NO []

PLEASE INITIAL BESIDE MEDICATIONS WHICH YOU AUTHORIZE THE HUDA ACADEMY TO ADMINISTER TO YOUR STUDENT. DIRECTIONS ON PACKAGING WILL BE STRICTLY FOLLOWED. MEDICATIONS WHICH ARE NOT AUTHORIZED BY YOUR INITIALS ON THIS FORM WILL NOT BE GIVEN.

Acetaminophen (Tylenol®)	_____
Ibuprofen (Motrin®/Advil®)	_____
Calcium Carbonate (Tums antacid®)	_____
Bismuth subsalicylate (Pepto Bismol®)	_____
Bacitracin (Neosporin®)	_____
Deiphenhydramine (Benadryl®)	_____

I/We, the undersigned parent(s) or legal guardians of the student listed above, hereby authorize **The Huda Academy** or its duly appointed representative to administer over-the-counter (OTC) medications beside which my/our initials appear above. We have been informed that it is my/our responsibility to provide these medications to **The Huda Academy**. I/we understand, and agree to adhere to the guidelines above for prescription medications.

SIGNATURE OF PARENT / LEGAL GUARDIAN

DATE