LINTON HALL SCHOOL

# Authorization Form for Non-prescription Over-the-Counter Skin Products

INSTRUCTIONS:

- This form must be completed by the parent/guardian to authorize the use of:
  - Sunscreen
  - Diaper ointment or cream
  - Insect repellent
  - Other over-the-counter skin products
- All products must be supplied by the parent and brought to the office in its original container

Linton Hall School has my permission to apply the non-prescription over-the-counter (OTC) skin product listed below to my child, _____.
***(Child's name)***

Product Name: _____

Product Expiration Date: _____ *(product must have current expiration date)*

Known Adverse Reactions (if any): _____

_____

All OTC products must:

- Be in the original container and, if provided by the parent, labeled with the child's name
- Be used according to manufacturer's recommendation and instructions for application
- Not to be used beyond the expiration date of the product
- Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions
- Shall be kept inaccessible to children

This authorization is effective for the _____ school year or _____ to _____.
**(Start date)** **(End date)**

Parent's Signature: _____ Date: _____

Parent's Printed Name: _____

# Authorization for Non-prescription Over-the-Counter Skin Products

Student Name: _____ DOB:_____Class:_____

1. Parent: _____ Phone Number: 1. _____ 2. _____

   Parent: _____ Phone Number: 1. _____ 2. _____

2. Emergency Contacts:
   Name/Relationship Telephone Numbers

a. _____ 1. _____ 2. _____

b. _____ 1. _____ 2. _____

3. Dr. _____ Phone Number: _____

**Parent/guardian request for administration of medication**

Schools must obtain specific written parental/guardian authorization before any medical treatment including medication administration can be provided. When signed by the parent/guardian this written informed consent gives trained school staff authorization to implement the medical order. When parents/guardians authorize a medical treatment for their child in school such authorization includes permission for appropriate communications between the school health professional and the medical prescriber related to the specific treatment ordered. Health treatment plans not signed and dated by the parent/guardian will not be implemented until all signatures have been obtained. Legally appropriate school health professional-medical prescriber communications based on the medical orders generally include the following:

• The prescription of treatment itself (e.g., questions regarding dosage, method of administration, potential drug interactions);
• Implementation of the treatment in school (e.g., questions regarding safety concerns, infection control, issues, or modifications in the treatment order related to the school setting or student's academic schedule); and
• Student outcomes from the treatment (e.g., questions regarding observed side effects, possibly untoward reactions, observation of behavior in the classroom).

**Student may not attend school until the written parental/guardian authorization has been signed and returned to the school.** In accordance with the Virginia Code § 22.1-274, I agree to the following:

I will not hold the School Board or any of its employees liable for any negative outcome resulting from the self-administration of said emergency medication by the student.

**Release of Liability / Hold Harmless**

In consideration of Linton Hall School administering the above requested medication to my child _____,
I hereby acknowledge that the school, its faculty and staff are not responsible for reactions to the medication, an improper dosage in the medication, etc., and will only be responsible for injuries relating to negligent physical administration of the medication.
I understand that the person administering this medication or treatment may or may not be trained or experienced in the administration of medications or treatments. I knowingly consent to these procedures and request that the medication/treatment be administered.

Print Parent's/Guardian's Name Date _____ _____

Parent's/Guardian's Signature Date _____ _____