



Authorization to Give Over the Counter Medication

Dear Parent/Guardian:

This form is regarding over the counter medications given during any field trip. All medication should be given at home when possible. However, if given at 1+1, the medication will most likely be administered by trained, unlicensed 1+1 personnel. In order for 1+1 personnel to administer any type of medication to your child, we must have this signed and notarized authorization form on file. Also, for over the counter medication to be given a healthcare provider's signature is required. As a reminder, the first dose of any new medication should be given at home. Also, before sending any medication(s) please read and follow the directions below.

- All information below must be completed and notarized before attending the field trip.
- A separate Authorization to give Over the Counter Medication Form must be completed for each medication to be given while on field trip.
- The medication must be sent in the original labeled container.
- Medication may be given 30 minutes before to 30 minutes after the time medication is due to be given.
- If a medication is stopped prior to the stop medication date indicated on this form, you must send a note to the school informing them.
- This form(s) expire(s) at the end of the year; however, when medication, or times, or dosages change, you will be required to complete a new Authorization to Give Over the Counter Medication Form.

Sincerely,
Margaret Dunbar-Demaree
Founder/Executive Director

Participant's Name: _____

Date of Birth: _____

School: _____

School Year: _____

I hereby request 1+1 personnel to give the above named participant medication that has been prescribed by _____ (Print Provider Name)

** _____ (Provider's Signature).

Healthcare provider's telephone no.: _____ Fax no.

Healthcare provider's address:

Date of last office visit: _____
Date to start medication: _____
Date to stop medication: _____
Reason medication is needed:

Reactions/side effects:

Instructions for giving my child this medication:

1. Name of medication: _____
2. Dosage to be given: _____
3. Time of day for dosage: _____
4. Route of administration (e.g., mouth, nose, eyes, ears): _____
5. Special instructions (e.g., take on empty stomach): _____

Note: Health Care Provider must sign and signature of parent/guardian must be notarized.

I hereby acknowledge that if this medication is not self-administered, it will most likely be administered by trained, unlicensed 1+1 personnel. By signing this form, the parent/guardian acknowledges that 1+1=U, Inc, its personnel, volunteers and agents shall incur no liability as a result of any injury sustained by the participant from any reaction to any medication, unless the injury is the result of negligence or misconduct on behalf of 1+1. The parent/guardian shall hold harmless the organization and its employees against any claims made for any reaction to any medication or the administration of such medication unless the reaction is due to negligence or misconduct on behalf of the organization or its personnel. Also, I hereby give permission for the health care provider completing and signing this form to verify this information with 1+1=U, Inc and to consult with 1+1=U, Inc staff regarding this information.

Signature of Parent/Guardian _____
Telephone _____
Cell Phone _____ (Work) _____
Emergency Contact _____ Relationship _____
Telephone _____

Notary Section: Subscribed and sworn to before me this _____ day of _____, 20_____, _____, Jefferson County, KY

Signature, Notary Public Date Commission Expires