MONCLOVA
Christian Academy

ONE FORM PER CHILD PLEASE

Over-the-Counter-Medication Authorization Form

Student's Name: _____ Grade: _____

I give consent for MCA office personnel to administer the below-listed medication(s) that I have provided. I will accept all responsibility and agree to hold Monclova Christian Academy and its representatives free of harm as a result of medication side effects and/or any miscommunication as it pertains to the distribution of the medication.

- ☐ I understand that NO medication will be administered without ***written permission*** from a parent or legal guardian. Written consent for over-the-counter medication is valid for 1 academic year.
- ☐ I understand that it is my responsibility as a parent/guardian to provide my child with the below indicated ***unexpired*** ***and*** ***unopened*** over-the-counter medications and that the academy WILL NOT be providing any medications.
- ☐ I understand that any medication MUST be in the original manufacturer's container.
- ☐ I understand that all medication must be transported to and from the academy by an adult.
- ☐ I understand that all remaining medication MUST be picked up at the school office by the **end of May each academic year.** or it will be discarded.

Parent/Legal Guardian Signature: _____ Date: _____

Over-the-Counter Medication(s) must be SUPPLIED BY PARENTS/LEGAL GUARDIANS and will be stored in the academy office
Note: MCA representatives will be using a pain scale to gauge the severity of the complaint. Unless otherwise instructed by your child's physician, we will not administer more than the recommended dosage noted on the package.

Acetaminophen (Tylenol)	strength provided _____mg	Dosage allowed _____
For: pain/discomfort	Other: _____	
Ibuprofen (Advil/Motrin)	strength provided _____mg	Dosage allowed _____
For: pain/discomfort	Other: _____	
Antacid (Tums)	strength provided _____mg	Dosage allowed _____
For: upset stomach	Other: _____	
_____	strength provided _____mg	Dosage allowed _____
For: _____	Other: _____	
_____	strength provided _____mg	Dosage allowed _____
For: _____	Other: _____	

Office Use Only:

Revised 8/15/25

Academy Year _____

Meds & Form accepted by _____