



**PHILLIPS**

*Programs for Children and Families*

**PHILLIPS School~Fairfax**  
**11230 Waples Mill Road, Suite 100**  
**Fairfax, VA 22030**  
**Phone (703) 591-1146**  
**Fax (703) 591-1148**

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**OVER THE COUNTER MEDICATION AUTHORIZATION**

Student Name: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage (Amount): \_\_\_\_\_

Time(s) of Day: \_\_\_\_\_

Reason for giving the medication: \_\_\_\_\_

\_\_\_\_\_

Special Handling Instructions: \_\_\_\_\_

\_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Emergency Number: \_\_\_\_\_