

Permission Form for Over-the-Counter Medication

TO BE COMPLETED BY PARENT/GUARDIAN FOR NON-PRESCRIPTION MEDICATIONS
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School: _____ Date form received by the School: _____

Student's Name: _____ Grade: _____ Homeroom/classroom: _____
Student's age: _____ Date of birth: _____

As the parent or legal guardian of the student named below, I authorize my child to take the following over-the-counter medication as noted:

Name of Medication: _____ Dosage/Schedule: _____

Other Information: _____

All medications need to be provided to the school in the original container; no over-the-counter medication can be given outside of the recommended dosage and directions on the package. A provider order will be needed in order for a student to take an over-the-counter medication for more than three days in-a-row or if the child is taking the medication for 10 or more days in a month.

FOR ALL MEDICATIONS

I give permission for _____ to receive the above medication(s) at school according to

Student's Name

standard school policy and expressly hold harmless and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration of the above medication unless such is the result of negligence or misconduct on behalf of the school or its employees.

Date: _____ Signature: _____ Relationship: _____

Home Phone: _____ Work Phone _____ Emergency Phone _____

TO BE COMPLETED BY SCHOOL PERSONNEL
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I/we acknowledge receipt of the foregoing statement and authorization.

School Nurse/ designee _____ Date _____

This form is good for Current School year only.

OTC-1

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