

Over the Counter Medication Authorization Form

Parents or Guardians:

NO over the counter medications may be administered to a student by school personnel without a completed medication form. This form must be properly completed and returned to the school by the first day of school. Please note that you may bring in your own OTC medication to be dispensed to only your child. We do have Tums, Tylenol, Ibuprofen, Nasal Decongestant, Cough Drops and Benadryl on hand. These will ONLY be dispensed to your child if you indicate this below:

Name of Student _____

Grade _____ Teacher _____

Please indicate below and other medicine that is necessary.

Medication _____ Dosage _____ Reason for Medication _____

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I hereby give permission for _____ to take the above mentioned medication(s) at school. I further understand that any school employee who administers this medication to my child in accordance with written instructions from the parent shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication(s).

_____ Date

_____ Signature of Parent or Guardian

Please provide the following information for the school nurse to maintain for his or her records.

Parent/Guardian's Names (1) _____ (2) _____

Mother or Father (Circle one)

Mother or Father (Circle one)

Other Contact Names (3) _____

(1) Contact Numbers (H) _____ (W) _____ (C) _____

(2) Contact Numbers (H) _____ (W) _____ (C) _____

(3) Contact Numbers (H) _____ (W) _____ (C) _____

Allergies: _____

Medical Conditions: _____