



Consent To Administer Over The Counter Medication In School

In order for Over The Counter (OTC) medication to be administered to a student during school hours, this form needs to be completed by the student's parent or legal guardian. OTC medication needs to be provided to the school by the parent in its original, unopened container. Please specify administration instructions below. Medication dosages cannot exceed manufacturer's recommendations as listed on medication packaging. Please sign and return this form to the school office.

Name of Child: _____ Date of Birth: _____ Grade: _____

Allergies: _____ Medical Conditions: _____

1) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

2) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

3) Name of Medication: _____ Dosage: _____ Frequency: _____

Reason for Medication: _____ Special Instructions: _____

I hereby give my permission for my student _____ to take the above OTC medication(s) at school. I understand that I may revoke this consent at any time in writing. I further understand that the school or any school employee who administers medications to my child in accordance with my written instructions shall not be held liable for any adverse drug reaction suffered by the student.

Parent/Guardian Signature: _____ Date: _____