



Over-the-Counter Medicine Administration Request

Dear Parents,

It is our policy that the any prescription medications given at school need a doctor's authorization. We realize that sometimes parents want an over-the-counter medicine to be given to their children. It is our preference that parents come in to administer that medicine. When this is not possible, the information below is required:

Student's Name _____ Date of Birth _____

Medical Condition _____

I give my permission for the following medicine to be given to my child by school personnel. I understand that a nurse may not necessarily give the medicine.

Name of Medicine _____

Dosage _____

Date & Time to administer medicine _____

Possible Side Effects _____

I release all school personnel from any and all liability in the event of any adverse reaction resulting from the use or administration of the medicine.

Parent's Name (please print) _____

Parent's Signature _____

Phone # to call in case of emergency _____