



**CONSENT FOR ADMINISTRATION OF OVER-THE-COUNTER
MEDICATIONS**

(All medication forms must be renewed annually)

Parents/guardians of students requesting that over-the-counter medications be administered during school hours by school staff are required to 1) provide a signed release for the administration of the medication and 2) provide a supply of the medication in its original container. That medication will be stored in the Nurse's Office and used only for the appointed student. The student or parent can pick up all medication remaining at the end of the school year. Any medication that is left after the appointed time will be discarded.

Student's name _____ Grade _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request that this medication be given as directed. I understand that I must supply the medication in its original container.

Medication name _____

Dosage and time of administration _____

To be taken from (date) _____ to (date) _____

Purpose or condition for which medication is intended _____

Parent/Guardian Signature _____

Date _____ Daytime phone number () _____