



## CONSENT TO ADMINISTER OVER-THE-COUNTER MEDICATION IN SCHOOL

In order for over-the-counter (OTC) medication to be given to your child during school hours, this form needs to be completed by the child's parent or legal guardian. OTC medication must be provided by the parent in its original unopened container. Medication will be given as directed by the manufacturer. Please return the completed form to your child's school nurse.

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name \_\_\_\_\_  
Tel # (H) \_\_\_\_\_  
(C) \_\_\_\_\_  
(W) \_\_\_\_\_  
Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
Tel # (H) \_\_\_\_\_  
(C) \_\_\_\_\_  
(W) \_\_\_\_\_  
Email \_\_\_\_\_

Other person(s) to be notified in case of medication emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### PARENT/GUARDIAN CONSENT


The school nurse or designee has permission to give my child the following **over-the-counter (OTC) medication**:

\_\_\_\_\_ for the following reason: \_\_\_\_\_.

I give permission to the school nurse to share relevant information with school staff as s/he determines appropriate for my child's health and safety.

YES

NO

 \_\_\_\_\_  
Parent/Guardian Signature                      Please Print Name Here                      Date