



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 _____

Parent/Guardian Name _____

Tel # (H) _____

Tel # (H) _____

(C) _____

(C) _____

(W) _____

(W) _____

Email _____

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