



Name of Student:

OVER-THE-COUNTER (OTC) MEDICATION PERMISSION

Students occasionally develop minor symptoms during the school day, such as a headache, sore throat, stomach ache, etc. and will visit the school nurse for relief. At that time, an attempt will be made to contact a parent/guardian for permission to administer an OTC medication.

The purpose of this form is to seek your advance approval to administer OTC medication to your child *in the event that we are not able to reach you by phone* at the time of your child's complaint. Please place a checkmark next to the OTC medication(s) listed below for which you give permission to the school nurse or designated staff to administer according to package directions for your child's age or weight.

If you always want to be notified before any medication is given, please sign and date the bottom of the form, but leave the medication list unchecked. Be sure to include your daytime phone number.

NOTE: When symptoms are known in advance, please provide your own OTC medication and complete the *Request for Medication to be Administered at School* form for a staff person to administer it to your child. The form is available from the nurse or school secretary.

OTC Medications for Minor Symptoms:

- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- "Tums"
- Cough Drops/Throat Lozenges
- Lubricating Eye Drops (Refresh)

Parent Statement of Consent/Release:

I hereby give permission for my Child, (print name) _____, who is in Grade _____, to take the above noted medications at school as ordered. I understand that any school employee who administers medication to my child in accordance with these written instructions shall not be liable for damages as a result of any adverse drug reaction suffered by the student because of administering such medication.

 Signature of Parent/Guardian Date Parent's/Guardian's Daytime Phone Number