



Non-Prescription (OTC) Medication Permission for School Administration

This form must be completed and signed by the child's parent or legal guardian.

Please note the following:

1. Medication must be brought to school by a responsible adult. (Do not send medication with a child.)
2. Medication should be given to students before or after school by the legal guardian, when possible.
3. Non-Prescription, also known as *Over the Counter (OTC)*, medications may only be given within the limits and according to the instructions printed on the container or the package insert.
4. **Medication must be in the original container with dosing instructions.**
5. A medication permission form with parent/guardian signature must be included for **each** medication.
6. Starting doses of a medication that a child has never taken before should not be given first at school.

Please complete a **separate form for each medication** that is to be given at school.

If the medication is to be given to more than one of your children, please complete a **separate form for each child**.

Child's Full Name:		Date of Birth:	
Grade/Teacher:		School Year:	
Is your child allergic to any food, medicines, or other items? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list allergies and reactions.)			
List Non-Prescription Medication:		Reason(s) for this Medication:	
Dose/Amount of Medication:		Frequency/Time to give Medication:	
I would like to be notified if my child receives this medicine at school: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does your child take any other medications at home or at school? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, list the medications below)			

I agree with all of the following:

- I give permission for my child to be given the above medication as directed during the school day.
- I agree I am responsible for providing school with the medication for my child and any supplies needed.
- I agree that I am responsible for notifying the school if my child's medication(s) change in any way.

Parent/Guardian's Name (Print)

Signature of Parent/Guardian

Date

Daytime Phone