

PERMISSION FOR OTC MEDICATION

Name of Student _____

School _____ Grade _____

Medication(s) _____

Dosage _____ Date Medication Started _____

Time of day medication is to be given _____

DATE _____ SIGNATURE _____

I hereby give my permission for _____ to take the above over the counter medication at school as ordered. I understand it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the parent(s) shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug.

DATE _____ SIGNATURE _____

NOTE: The medication is to be brought to school in the original container.