



## **Authorization for Administration of Over The Counter Medication At School**

Due to MDH and MDE guidelines, the school district can no longer provide and distribute over the counter medications. Parents/Guardians may supply over the counter medications for their students with proper documentation for administration. If you would like your student to be able to take over the counter medications during school hours, please complete the section below dependent on your student's grade level and return to the office with the medication labeled with your student's name.

**\*\*For prescription medications, please complete the prescription medication form.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### **Prek-6th grade**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Daytime phone number: \_\_\_\_\_

Medication (including dosage): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Physician Clinic: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Physician Phone number: \_\_\_\_\_

### **7-12 grade**

**\*\*7-12 grade students can self-administer in the presence of school nurse or designated school staff. No physician documentation needed**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Daytime phone number: \_\_\_\_\_

Medication box (including dosage): \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Office Use only:

Medication received for student: \_\_\_\_\_