

**PARENT/GUARDIAN STATEMENT AND CONSENT  
FOR OVER-THE-COUNTER MEDICATION AND ADMINISTRATION**

Both state law and the Smith County System require the following information when students need administration of over-the-counter medication at school. Please complete the following information.

Name of Student \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Name of Medicine \_\_\_\_\_

Dosage(Number of tablets or teaspoons) \_\_\_\_\_

Times at which medicine is to be administered \_\_\_\_\_

Reason for medication \_\_\_\_\_

All over-the-counter medication must be brought to school by parent/guardian in the original unopened container with the student's name written on the bottle. Calls to parent/guardian to verify the information in the request may be placed by school personnel. This student is both capable and responsible for self-administration of this medication if supervised by school personnel.

\_\_\_\_\_  
Parent/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Emergency Phone Number