

## OVER THE COUNTER MEDICATION AUTHORIZATION OF ADMINISTRATION OF MEDICATION

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardians: \_\_\_\_\_

School: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

**To Authorized School Personnel:**
☐ I hereby request and authorize you to administer to: \_\_\_\_\_  
(Student's Name)
☐ My child may possess and self administer over-the-counter pain relief medication listed below.
**Name of Medication:** \_\_\_\_\_**Dosage:** \_\_\_\_\_ **Child's Weight:** \_\_\_\_\_**Allergies:** \_\_\_\_\_**Time or Frequency:** \_\_\_\_\_**Reason for Use:** \_\_\_\_\_

The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success.

I release school personnel from the liability in the event any reaction results from the administration of this medication.

\_\_\_\_\_  
 (Parent/Guardian Signature) Phone #: \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_  
(Date)

**PARENT/GUARDIAN: The procedure for administering medication on a study trip is different from medication administration during the regular school day.**

Procedure for students who may need to take medication while away from school on a study trip is as follows:

It is the teacher's responsibility to inform, in advance, the Health Office when the class is going on a study trip. Any medication that needs to be given to the student will be sent with the teacher/responsible adult who will carry and administer the medication on the study trip as necessary.

When the teacher/responsible adult administering the medication on the study trip returns to the school building, he/she must record the time and sign the medication administration recording sheet in the medication book.

I give my permission for the teacher/responsible adult on a study trip to give my child  
 \_\_\_\_\_ his/her medication that has been set up by the Health Office.  
(Child's Name)

I release school personnel from liability in the event of any reaction which results from the administration of this medication:

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_