

Policy Number: 453.4-Exhibit(3)

Title: **MEDICATION CONSENT FORM FOR OVER THE COUNTER MEDICATION**

Approved: October 20, 2003

Revised: July 18, 2016

MEDICATION CONSENT FORM FOR OVER THE COUNTER MEDICATION
All over the Counter Medications must have a parent/guardian permission form signed.

Parent/guardian responsibilities:

1. Notify the school of the child's need.
2. Complete the "Medication Consent Form" permitting the school to give recommended dosage for the child's age.
3. Deliver the parental/guardian authorization and medication to the school office.
4. The medication must contain the original label with the child's name, drug, dosage, and time to be given.
5. Notify school when the drug is discontinued.
6. Over the counter medication will be sent home at the end of the year unless otherwise indicated.

Full name of child _____

Name of drug and dosage _____

Time to be given _____

Reason for medication _____

Trained staff will give medication for elementary student. Middle school and high school students may be allowed to carry a one-day dose with the nurse's permission or may be given by trained staff.

I further agree to hold the above-designated person(s) harmless to any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

Signature of Parent/Guardian

Date