

**Temporary Parent Authorization
to Administer Over-the-Counter (OTC) Medication at School
Student Non-Prescription Medication Administration Authorization Form**

Student Name: _____ Class: _____ Today's Date: _____

I hereby authorize school staff to administer to my above named child the following OTC medication, which I have provided in the **original pharmaceutical container** and **labeled with my child's name**.

OTC Medication Name: _____

Reason for Medication (i.e. cold, allergies, migraine, etc.): _____

Start Date: _____ **End Date:** _____

Appropriate Dosage: _____

Frequency: _____

_____ (initial) Please make sure to administer this medication at this time _____ daily for the duration of this authorization's time period.

-- OR --

_____ (initial) Please administer this medication as needed, when my child comes to the Nurse's Office.

Other medications student is taking: _____

I hereby authorize the school nurse or designated school staff to administer to my child acetaminophen or the identified non-prescription, over-the-counter medication as directed on this form. For non-prescription, over-the-counter medication other than acetaminophen, which is available in the nurse's office, I have provided the medication in the original container and labeled it with my child's name.

Parent/Guardian Name (PRINT): _____

Parent/Guardian Signature: _____ Signature Date: _____

Daytime Phone Number(s): _____

Telephone request taken by: _____