



**Laurel Public Schools**  
**Parent Consent for Student Self-Administration of Medication**  
**NONPRESCRIPTION MEDICATIONS – NO PHYSICIAN**  
**SIGNATURE REQUIRED**

This form should be completed if a parent/guardian would like the school to store an over-the-counter medication for a student. Students K-6 must have over-the-counter medications stored in the office.

**Name of Child:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Year** \_\_\_\_\_ **Teacher (if applicable):** \_\_\_\_\_

|                   |                    |              |                |                                        |
|-------------------|--------------------|--------------|----------------|----------------------------------------|
| <b>Diagnosis:</b> | <b>Medication:</b> | <b>Time:</b> | <b>Dosage:</b> | <b>Start Date:</b><br><b>End Date:</b> |
| <b>Diagnosis:</b> | <b>Medication:</b> | <b>Time:</b> | <b>Dosage:</b> | <b>Start Date:</b><br><b>End Date:</b> |
| <b>Diagnosis:</b> | <b>Medication:</b> | <b>Time:</b> | <b>Dosage:</b> | <b>Start Date:</b><br><b>End Date:</b> |

- \* The initial dose must be given at home.
- \* Non-prescription (over-the-counter) medication must be furnished in the original container from the manufacturer. Medication to be stored as directed by school nursing staff.
- \* Parent/guardian is responsible for supplying medication. Medication should be given in accordance with manufacturer age and dosage guidelines.
- \* Student has demonstrated to me that he/she/they understand(s) the proper use of this medication.
- \* I acknowledge that the school district may not incur liability as a result of any injury arising from the self-administration of medication by the pupil, and that I shall indemnify and hold harmless the school district and its employees and agents against any claims, except a claim based on an act or omission that is the result of gross negligence, willful and wanton conduct, or an intentional tort.
- \* I understand that it is my responsibility to pick up any unused medication at the end of the school year, and that medication not picked up will be disposed of.
- \* I request that the principal or his/her/their designee allow my child to take the medication as directed above.
- \* I understand this form is valid during the current school year and summer school if needed.

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

**Telephone Number:** \_\_\_\_\_  
Home
Work
Cell/Emergency