



CENTENNIAL HIGH SCHOOL

Independent School District 12
4757 North Road
Circle Pines, MN 55014
Main (763) 792-5000 Fax (763) 792-5050
www.isd12.org

Over the Counter (OTC) Medication Authorization

Student name _____

OTC medications do not require permission from a doctor

KEEP IN HEALTH OFFICE (NOTE that ALL authorizations expire at the end of the school year)

- I request that my child be assisted in taking OTC meds at school by authorized persons.
- All OTC meds must be provided to health office in original containers.
- Administration of OTC meds will follow manufacturer's instructions.

Parent signature

Date

STUDENT MAY CARRY

Student agrees to:

- Follow my parent / guardian instruction.
- Use correct medication administration technique.
- Not allow anyone else to use my medication.
- Follow the instructions on the medication label.
- Consult with the school nurse weekly _____, monthly _____, other _____.
- Notify the school nurse or _____ under the following circumstances:
____ my symptoms continue or get worse after taking my medication
____ I suspect that I am experiencing side effects from my medication
____ other: _____

NOTE: if the school nurse/RN does not concur with the parent/guardian instructions after assessing the competencies of the student, the School nurse/RN will contact the parent/guardian to attempt to agree on a plan. In the event agreement is not reached, the parent/guardian may refer the case to the district health service coordinator for resolution.

Permission for the self-administration of nonprescription pain medication may be suspended if the student is unable to maintain the procedural safeguards established in the above agreement.

Student signature

Parent signature

Date

NAME OF MEDICATION: _____
SPECIAL INSTRUCTIONS: _____

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