

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Advisory \_\_\_\_\_

School Year - 2023-2024

## PERMISSION FORM FOR OTC (over the counter) MEDICATIONS

(To be completed by parent or guardian annually PLEASE PRINT)

Per school policy, the clinic may maintain a limited supply of non-aspirin pain relievers, antacid medications, basic first aid ointments and cough drops FOR EMERGENCY SITUATIONS ONLY. If your child suffers from frequent headaches, stomachaches or requires cough drops on a routine basis you must provide their own supply of medication. School board policy dictates that any OTC medications that you provide for your child must be in the original packaging with specific directions for administering and will be administered strictly according to package directions. Written permission must be submitted to the school before any OTC medications can be administered. Phone permission will NOT be accepted for the dispensing of over the counter medications.

I give my child permission to receive the below listed over the counter medications at school according to school Board policy:

Non-Aspirin Pain Reliever	Yes	___	No	___
Antacids	Yes	___	No	___
Basic First Aid Ointments	Yes	___	No	___
Cough Drops	Yes	___	No	___

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* Fill out below only if your child will be taking prescription medication at school regularly.*

## PERMISSION FORM FOR PRESCRIPTION MEDICATIONS

(i.e. inhalers, ADD/ADHD medications). (To be completed by parent/guardian).

School board policy dictates that any prescription medications brought to school must be in its original pharmaceutical container, clearly labeled as to the name of the student, the name of the medication, the appropriate dosage and the times for dosage. Written permission must be submitted to the school before any prescription medications can be administered.

Medication to be given: \_\_\_\_\_  
Dose of medication: \_\_\_\_\_  
Time medication is to be given: \_\_\_\_\_  
Reason for medication: \_\_\_\_\_  
Side effects of the medication: \_\_\_\_\_

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_