

Authorization for Student to Carry and Self-Administer Nonprescription Over the Counter (OTC) Medication Without Supervision

A parent or legal guardian must complete and sign a new consent form every school year for each over the counter medication. This completed form must be on file in the student's health record before the student may carry and self administer medication at school.

Student Name:	Date of Birth:
School:	Grade:

Medication name: _____

Dosage: _____

Time/Frequency to be Taken: _____

My signature below indicates the following:

- As the parent or legal guardian of the K-12 grade student named above, I am requesting that he/she/they be allowed to carry and self-administer an over the counter (OTC) medication during school hours. I understand that my student must be able to safely keep in their possession and independently self-administer this OTC medication without assistance or supervision.
- I have instructed the student as to the proper use of this medication.
- I understand my student is not permitted to possess or carry more than a 1-2 dose supply for K-5 grade students (recommend chewable or pills/tablet form) and one week supply for 6-12 grade students of any OTC medication during school hours.
- I will assume responsibility for the safe transport of the medication to school in its original labeled container. **All medications must be kept in the original container.**
- I understand the Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
- I understand no student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530- Drug Prevention and of the Student Code of Conduct/Discipline Code.

Printed Name of Parent or Guardian

Date

Signature of Parent or Guardian

Primary Phone Number (required)

Secondary Phone Number (optional)