



Diane M. Ziegler
Principal

Chrys Harttraft, Ed.D.
Superintendent of Schools

OVER-THE-COUNTER ADMINISTRATION PERMISSION

Student's Name _____ Grade _____

Allergies _____

I give the school nurse permission to administer the following medications to my child when needed. (Please write **yes** or **no** after each medication):

Ibuprofen _____

Acetaminophen _____

Tums _____

I will notify the school nurse if for any reason my child should not take any of these medications in the future.

Parent/Guardian Signature

Date

Per state guidelines, parents/guardians are encouraged to administer medication at home whenever possible. Medications should be administered in school only when necessary for the health and safety of the student.

If your child does require additional over-the-counter medication while in school, please obtain a medication order form from the scvths.org web site for your doctor to complete and for you to sign. The parent/guardian must provide the medication in the original container.