



## Authorization to Administer Parent Provided Over-the-Counter Medication at School

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_ Team: \_\_\_\_\_

**Medication administration in schools is discouraged unless medically necessary for the student's health, safety, and optimal learning. If medications can be given at home, before or after school hours, please do so. However, if medication administration is absolutely necessary during school hours, the following procedures must be followed:**

- All medications must be provided by parent/guardian along with required documentation.
- The parent/guardian or student (age appropriate) must transport OTC medications to the health clinic immediately upon arriving at school.
- OTC Medication shall be sent to the school in the original manufacturer's container. Please do not send large bottles. The manufacturer's label must include:
  - a. Name of the medication, either brand or generic;
  - b. Strength of the medication;
  - c. Instructions for use; and
  - d. Name of the student, legibly written.
- Medications will not be administered in doses that exceed established amounts for age or weight as printed on the manufacturer's label unless a written order is provided by a legal prescriber that states otherwise. • School staff will not administer OTC medication for more than 5 consecutive school days without a written order from a legal provider. Switching to another variation of an OTC medication for treatment of the same symptom will not extend the ten-day limit.
- A nurse is not always available to assist in the administration of the medication; therefore, the student may be assisted by an adult designated by the principal.
- The school staff will have the right to refuse to give medication that is questionable or expired. • Unused medication will be disposed of unless picked up within one week after the medication is discontinued and/or at the end of the school year.

<u>Medication Name:</u>	<u>Start Date/Stop Date:</u>	<u>Quantity Received:</u>
<u>Diagnosis/Condition/Illness Requiring Medication:</u>		<u>Dosage, Route and Frequency of Administration:</u>

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*I hereby release Lee County School System and any Lee County School System employee from any liability associated with assisting the above named student, over whom I have legal guardianship, with taking the OTC medication(s) which I have listed above.*

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Date