



Permission to Administer Over-the-Counter Medications

Over-the-counter medications will be kept in the nurse's office, and may be given by the nurse or delegate to the students who will, on occasion, symptomatically benefit from them. Administering these medications often removes temporary barriers to learning and decreases absences. Examples of over-the-counter medications include, but are not limited to, acetaminophen, ibuprofen, antacids, hydrocortisone cream, cough drops, antibiotic ointment, and burn/sting relief.

By completing the form below, you are giving designated school personnel permission to dispense and administer over-the-counter medications. Separate forms will apply to prescription medications.

Name of Student: _____ Grade: _____

I hereby give consent for _____ to take over-the-counter medications at school as directed on the label. I agree that the school nurse or delegate has the right to refuse my child's request for the above medications when safety or legitimate need is in question. I further understand that any school employee who administers the above medicines to my child with my permission shall not be liable for damages as a result of an adverse drug reaction.

Signature of Parent or Guardian

Date

NOTE: The medication is to be brought to school in the original, sealed container. Written authorization to administer medications will expire automatically at the end of each school year. A new authorization is required each year.

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