



Authorization for Students to Carry Approved Over-the-Counter Medication

Student Name: _____ Date of Birth: _____ Grade: _____ Team: _____

To Be Completed by Parent/Guardian

I hereby request that the above named student, over whom I have legal guardianship, be allowed to carry and use the following medication(s) at school:

- acetaminophen, ibuprofen, cough/throat lozenges, Midol, Tums, oral/topical antihistamine, hydrocortisone cream, Other: _____

- I understand that my student may only take medication in accordance with the label directions.
I accept legal responsibility should the medication be lost, or taken by a person other than the above named student.
OTC Medication shall be sent with the student in the original manufacturer's container.
A copy of this completed form must be kept with the medication and provided to any staff member upon request.
I release Lee County School System (LCSS) and its employees of any legal responsibility when supervising or assisting in this medication administration.
Pursuant to LCSS Medication Administration Policy:
3-5th graders may carry the following over-the-counter medications with the completion of this form: cough/throat lozenges, topical creams/ointments
6-8th graders may carry the following over-the-counter medications with the completion of this form: acetaminophen, antacids, cough/throat lozenges, ibuprofen, Midol or oral/topical antihistamines
9-12th graders may also carry these approved medications but no form is required
All medications must be kept in the original containers

Parent/Guardian Signature _____ Date _____

To Be Completed by Student

- I have been instructed in the proper use of the above named medication(s) and fully understand the label directions.
I will keep the medication(s) and a copy of this completed form with me at all times and present it to any staff member who requests to see it.
I will not allow another student to use my medication under any circumstances. I also understand that should another student use my over-the-counter medication, the privilege of carrying my medication may be reassessed and/or revoked and I may be subject to disciplinary action.

Student Signature _____ Date _____