



Over the Counter (OTC) Medication Authorization, Waiver and Release Form
ONE medication per form

****DO NOT USE FOR PRESCRIPTION MEDICATIONS****

Name of Student: _____

Date of Birth: _____

OTC medications will be administered according to dosing directions included on the medication box/label. Medications without dosing directions will not be accepted.

****Please make sure your child's age is appropriate for dosing according to the medication label/box.**

****If the medication dose is based on weight, please provide that information here: __ lbs.**

1. Name of Medication: _____

2. Start Date: _____ End date: _____

BY SIGNING BELOW, YOU ARE INDICATING:

1. YOUR CHILD DOES NOT HAVE AN ALLERGY TO THE ABOVE MEDICATION
2. THIS IS NOT THE INITIAL (FIRST) DOSE OF THIS MEDICATION
3. YOUR CHILD DOES NOT HAVE ANY MEDICAL CONDITIONS THAT WOULD PROHIBIT THEM FROM TAKING THE ABOVE MEDICATION SAFELY
4. YOU (PARENT/GUARDIAN) AGREE TO CONTACT THE CLINIC WITH ANY CHANGES REGARDING THE USE OF THE MEDICATION.

In consideration of the administration of the above-listed OTC medication for my child, I hereby release, discharge and indemnify the Green Local School District, and the school personnel in the overseeing and administration of the above OTC medication herein described from all claims, demands, actions, judgements and executions which may arise from the overseeing or administration of the OTC medication. I agree to notify the school immediately if there is any change in the above treatment regimen and will provide the school with a new form. None of the above medications are to be administered without a parent signature. All of the above medications will be available to the student at the Health Office. The undersigned have read this form and understand all of the terms.

Parent/Guardian (signature): _____ Date: _____

The following steps must be taken when submitting Over the Counter (OTC) medications to school:

1. Medication must be in the original container; labeled with the student's name and date of birth.
2. Medication must be turned by an adult, with the signed authorization form.
3. Students are not permitted to carry medication with them, this includes the drop off and pick up of medication.

