

Over The Counter Medication Permission Form



Student Name: _____

Student DOB: _____

To be completed by Parent/Legal Guardian

- Medical Permission forms must be updated and resubmitted to the clinic before the first day of classes each school year. If a medication dose or administration time changes, the parent/guardian is responsible for updating and obtaining new authorization before submitting it to the Oakwood clinic.
- Medication Permission forms may only be used for ONE medication at a time. Parent/Guardians submitting more than one medication should plan to complete multiple forms.
- **Over-the-Counter Medication must arrive at the clinic in the new, unexpired, container directly from the store.** A parent or guardian is required to be present to log medication into the school clinic.
- Authorized Oakwood staff members will not administer medication outside of the framework of the documented use provided with the packaging for the OTC medication. **Any OTC medication required or expected to be administered for more than three (3) consecutive days must be accompanied by a Prescription Medication Permission form signed by an authorized medical professional.**
- In the event a medication expires during the school year, a parent/guardian will be notified and must pick up the expired, unused, portion of the medication. Medication that is not claimed will be destroyed in accordance with FDA regulations and recommendations.

Please document the most recent date this medication was administered: _____ Initial: _____

(Oakwood policy states that the first dose of any medication must be given at home and a student should be monitored to determine there is no adverse reaction).

To be completed by Parent/Legal Guardian

I, _____, the parent/legal custodian of _____, request that the school medication administrator (or designees) administer the following medication to my child during the school hours at the times and indicated dosage. **I agree to provide the medication in the original container with the label intact.** I understand and accept that Oakwood School staff are not responsible for any effects of the medication administered to my child.

_____ should receive the following over-the-counter medication as indicated. If this medication needs to be given for more than three (3) consecutive school days, a licensed prescriber will need to authorize its administration by completing the "Prescription Medication Form."

Medication: _____ Reason: _____

Dosage: _____ Route: _____ Frequency: every _____ as needed

Parent/Guardian Signature: _____ Date: _____

Duration: 2026 – 2027 School Year as Needed

The following is to be completed by authorized Oakwood Staff at medication intake:

	Date	Count	Parent	Staff	Date	Count	Parent	Staff
<input type="checkbox"/> Both sections completed & signed								
<input type="checkbox"/> Student Name matches								
<input type="checkbox"/> Original Packaging								
<input type="checkbox"/> Not intended for 3 consecutive days								
					Medication Pickup Process:			