

Centerville City Schools

PARENTAL AUTHORIZATION FOR OVER THE COUNTER MEDICATION

Only 1 medicine per form

STUDENT NAME:		BIRTH DATE:
ADDRESS:		GRADE/TEACHER/ID:
PARENT/GUARDIAN:		PHONE:
LIST KNOWN DRUG ALLERGIES:		

INSTRUCTIONS FOR PARENT

- **PARENT MUST PROVIDE MEDICATION**
- **MEDICATIONS WILL ONLY BE ADMINISTERED ACCORDING TO MANUFACTURER'S LABEL**
- Medication must be provided in the original container and brought to the clinic by an adult
- Medication will be stored in the clinic
- Medication must be picked up by a parent or or will be discarded at the end of the school year
- **Only 1 medication per form**

Name of Medication (one medication per form)	
Dose(how much)	How often
Reason for use	Have you given this medication at home?

PARENTAL PERMISSION:

- I request authorized school personnel to assist my child in the administration of the above described medications
- Notify the school if the medication needs to be changed or stopped
- Release authorized school personnel from all liability, cause of action, or any other responsibility for administering said medications as noted above
- Parent will be notified if medication is given
- Form valid for 1 school year

Parent/Guardian Signature_____

Date_____

March 2025