

Neenah Joint School District
Grades 5-12 Over the Counter (OTC) Permission Form

My child _____ DOB _____
Has my permission to carry and self-administer over the counter medication during the school day and other school activities.

My child and I understand that:

- Any medication brought to school must be in the original container.
- All medications will be taken according to the directions for use on the container or packaging.
- The medication will be stored safely away from other students.
- All medications will not be shared with any other student.
- This form does not include prescription medication.
- School personnel can revoke this privilege if the student does not comply with these rules.

My child and I further understand that any such sharing of OTC or prescription medications can result in disciplinary action including my child's suspension, and even possibly expulsion.

The Student agrees they will:

- Not share or allow another student to use my over the counter medication.
- Be aware of the expiration date of medication and replace before expired
- Go to the health office if having an adverse reaction from the OTC medication.
- Adhere to the rules set forth above and in the district's medication policy.

I IRREVOCABLY RELEASE THE NJSD, ITS EMPLOYEES, AGENTS, OR REPRESENTATIVE FROM ANY AND ALL LIABILITY FOR ANY DAMAGE OR FROM ANY CLAIM, CAUSE OF ACTION, OR OTHER FORM OF REDRESS ARISING FROM THE SELF-ADMINISTRATION OF OTC's AT SCHOOL.

The following medications may be administered at school from the school health office.

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| ☐ Acetaminophen | ☐ Ibuprofen |
| ☐ Cough Drops | ☐ Tums |
| ☐ First Aid Ointment | ☐ Hydrocortisone Cream |
| ☐ Burn Cream | ☐ Zyrtec |
| ☐ All of the Above | ☐ No Medications Administered |

Signature of Parent/Guardian _____ Date _____

This form will be valid for the duration of the current school year, unless revoked in writing by the parent or school personnel.