



Over-the-counter Medication Administration Permission Form

To receive over-the-counter medication during school hour’s parent/guardian permission is necessary. By signing this form, you as the parent/guardian give permission for the School Nurse, Health Paraprofessional or authorized school personal to administer medication to your child. By signing this permission form, administration of the medication listed is good for the duration of the current school year. You as the parent/guardian may receive a phone call from the School Nurse, Health Paraprofessional or authorized school personal upon administration of the medication. The School Nurse, Health Paraprofessional or authorized school personal may refuse to administer the medication if parent/guardian is unavailable at the time of administration of the medication or safety is in question. **A separate form needs to be filled out for each medication.**

- **Medication needs to be provided by the parent/guardian in the original bottle with the label and expiration day.**
- This form needs to be filled out in full and signed by the parent/guardian.
- Medication needs to be picked up by the parent/guardian or permission to send the medication home with the student at the end of the year needs to be signed.
- First dose of medication should always be given at home to check for adverse signs and symptoms of a reaction.

I hereby authorize school personal to administer:

Student Name _____

Medication _____

Dose (mg)/number of pills _____

Time (how often) _____

Parent/Guardian Signature

Date

I give permission for my child, _____ to bring his/her medication(s) home at the end of the school year.

Parent/Guardian Signature

Date

*See Notification of Administration of Medication Guidelines on www.springfieldplatteview.org