

School Year: \_\_\_\_\_

\_\_\_\_\_  
New form must be completed every year

**PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER" MEDICATION**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-Counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medication can be administered at school.

PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION

\_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin)      \_\_\_\_\_ Acetaminophen (i.e. Tylenol)

Please check with the school nurse to see which medications are available for students in the school clinic and which medication you will need to supply, **OTC medication will be given at the manufacturer's recommended dosage.**

**THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT**

\_\_\_\_\_  
(Signature of Parent/ Guardian)

\_\_\_\_\_  
(Date)

**The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the form "Request for Prescription Medication Administration".**

**MEDICATION HISTORY:**

Is your student allergic to any medication? \_\_\_\_\_ If yes, please list medicine(s) and type of reaction:

\_\_\_\_\_

Does your student take any medication (either over-the-counter or prescription) on a regular basis? If yes, please list:

\_\_\_\_\_