



## ***2023-2024 Release for Administration of Over-the-Counter (OTC) Medications***

If it is necessary for your child to receive medication during the school day, please do the following:

- Send the medication to school with a responsible individual if you are unable to take it to school.
- Send the medication in the original container. **Please label the container with the student's name.**
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year.

**Student's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Medication Dose:** \_\_\_\_\_ **Time to be administered:** \_\_\_\_\_

**Reason for Medication:** \_\_\_\_\_

**Known allergies to any medications:** \_\_\_\_\_

**Number of tablets sent (if applicable):** \_\_\_\_\_

**Amount of Liquid sent (if applicable):** \_\_\_\_\_

I am aware that the school nurse may need to contact the student's healthcare provider or pharmacist relative to the medication/treatment and that s/he is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse or school personnel.

**Parent/Guardian Printed Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Nurse/School Staff Member:** \_\_\_\_\_ **Date:** \_\_\_\_\_