_____SCHOOL

OVER-THE-COUNTER MEDICATION PERMISSION FORM (INCLUDING HERBAL, HOLISTIC, AND HOMEOPATHIC SUBSTANCES) GRADES PREK-8

Complete this form to allow the principal/designee or school nurse to administer certain over-the-counter medications, such as (e.g., Tylenol, acetaminophen, Motrin, Advil, ibuprofen, Midol, aspirin, antacid, and cough and throat lozenges) and/or herbal, holistic, homeopathic substances. The parent will be responsible for the following:

1. The over-the-counter medication and/or herbal, holistic, homeopathic substance to be registered with the school is not expired.
2. I must register the over-the-counter medication and/or herbal, holistic, homeopathic substance with the Principal/designee or school nurse.
3. My child's name must be identifiable on the over-the-counter medication and/or herbal, holistic, homeopathic substance.
4. The name of the medication and/or herbal, holistic, homeopathic substance, appropriate dosage, med expiration date, and time for each dose should be clearly viewed as listed on the original container.
5. The dosage amount administered cannot exceed the maximum dosage allowed by the directions on the over-the-counter med and/or herbal, holistic, homeopathic substance.
6. I understand that my child is not allowed to carry or self-administer over-the-counter medication and/or herbal, holistic, homeopathic substances.

Date _____

Child's Name _____

Name of Medication and/or herbal, holistic, homeopathic substance _____

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the _____School, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of authorized personnel administering the medication in accord with this request. I further release the _____ Conference and its employees of any legal responsibility associated with administering this medication.

_____ _____

Print name of Parent/Guardian Signature of Parent/Guardian

_____ _____ _____

Home Phone Work Phone Cell Phone

E-mail Address

Date

I have seen the above-labeled medication and/or herbal, holistic, homeopathic substance and have a copy of this permission form.

Signature:

Principal/Designee or School Nurse

Print Name: Date:

Principal/Designee or School Nurse