

\_\_\_\_\_ACADEMY  
**OVER-THE COUNTER MEDICATION PERMISSION FORM  
AND/OR HERBAL, HOLISTIC, HOMEOPATHIC PERMISSION FORM  
GRADES 9-12**

Complete this form to allow students in grades 9-12 to carry and self-administer certain over-the-counter medications (e.g., such as Tylenol, acetaminophen, Motrin, Advil, ibuprofen, Midol, aspirin, antacid and cough and throat lozenges) and herbal, holistic, homeopathic substances. Over-the-counter medication and/or herbal, holistic, homeopathic substances must be unexpired and in the original container with the original label. Additionally, parents should ensure that the over-the-counter containers are labeled with the student's name and dosage not to exceed the maximum allowed amount. The student and parent will be responsible for the following:

1. Obtaining, reading and signing this written permission form before the student is allowed to self-administer over-the-counter medications and/or herbal, holistic, homeopathic substances according to the directions on the original pharmaceutical container.
2. Ensuring the medication and/or herbal, holistic, homeopathic substance is in its original container and legibly labeled with the student's full name.
3. Reminding the student he/she is not permitted to give his/her medication and/or herbal, holistic, homeopathic substance to other students. If the student allows or gives his/her medication and/or herbal, holistic, homeopathic substance to another student, he will be subjected to the school's discipline policy.
4. Ensuring that the principal/designee or school nurse has a copy of this signed permission form on file in the clinic/office.
5. Over-the-counter medication and/or herbal, holistic, homeopathic substance must be taken in the presence of an authorized personnel designated by principal/designee, or school nurse.

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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 Academy, 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 administering the medication in accord with this request. I accept legal responsibility for my child should the above medication be lost, given or taken by a person other than the above-named student. If this should happen, the privilege of carrying medication will be revoked. I further release the \_\_\_\_\_ Conference and its employees of any legal responsibility when the above student administers his/her own medication.**

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Print name of Parent/Guardian

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Signature of Parent/Guardian

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Home Phone

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Work Phone

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Cell Phone

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E-mail Address

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Date

I understand how much and when to take the above-named medication and/or herbal, holistic, homeopathic substance. I will not allow another student to take my medication and/or herbal, holistic, homeopathic substance under any circumstances. If I allow another student to take my medication and/or herbal, holistic, homeopathic substance (directly or indirectly), I understand that I will be subjected to the school's discipline policy. I also understand that I should self-administer (take) my over-the-counter medication and/or herbal, holistic, homeopathic substance in the presence of an authorized personnel designated by principal/designee, or school nurse to continue this privilege.

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Date

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Signature of Student

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

Signature:

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Principal/Designee or School Nurse

Print Name:

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Principal/Designee or School Nurse

Date: