



### Over The Counter Medication Permission

Please complete this form if you would like your child to receive over the counter medication at school that you are supplying to the school nurse office. The OTC medication must be in the original, unopened container with the child's name written on the container in black sharpie. Only the maximum dosage that is written on the label will be administered to your child. If more than the maximum dosage is needed, you will need to obtain a Health Care Provider order by using the Medication Administration Authorization form on this site.

Student: _____ DOB: _____
Name of medication: _____
Reason for use: _____
Dosage to be administered: _____
How often can the dose be repeated? _____

\_\_\_\_\_  
Signature of parent/ guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

<b>Office use only</b>	
Medication Received on date: _____	
Expiration Date: _____	Lot number: _____
School Nurse Signature: _____	