

**PARENT AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION
OR
SHORT TERM PRESCRIPTION MEDICATION (taken less than 14 days)**

Student's Name: _____	ID No: _____	
Date of Birth: _____	School: _____	School Year: _____
Name of medication: _____	Dosage: _____	
Time of Administration: _____		
Special instructions/reason for medication: _____		
Will the student be carrying and taking this medication on his/her own? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Students are not allowed to carry controlled substances (for example, Tylenol #3 or Ritalin) and will be required to come to the Health Office to take any medication classified as a controlled substance.

If YES is selected: I/We understand that our child will be responsible for taking his/her own medication and may be required under school policy to store and take medication in the health office. He/ She may be authorized to carry only _____ days of medication in the ORIGINAL LABELED container indicating the name of the medication and the dose of the medication or dosing recommendations.

A student requiring OTC medication more than 3 times/month or more than 3 consecutive days will be considered for a medical evaluation.

Parent/Guardian Signature: _____	Date: _____
Phone #(s): _____	
School Nurse Signature: _____	Date: _____

Date medication brought for storage in the Health Office: _____	
Expiration date of Medication: _____	
Dose Count for the Medication: _____ (two adults count medication and record)	
_____ Signature of person counting	_____ Signature of person counting

End of Year Instruction:	
<input type="checkbox"/> I will pick up unused medication at the end of treatment or by the last day of school (medication will be discarded if I do not pick it up by the end of the day)	
<input type="checkbox"/> Please discard unused medication on the last day of school	
Date: _____ medication <input type="checkbox"/> returned <input type="checkbox"/> destroyed at end of school year.	
_____ Signature of person returning/discarding med up/discarding med	_____ Signature of person picking



