

School Year: \_\_\_\_\_

New Form must be completed each year

## **PARENT PERMISSION TO GIVE "OCCASIONAL" OVER-THE-COUNTER MEDICATION 6<sup>th</sup>-8<sup>th</sup> Grade ONLY**

Student

Name \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Over-the-Counter (OTC) medication are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medication can be administered at school.

### **PLEASE INITIAL EACH MEDICATION FOR WHICH YOU ARE GIVING PERMISSION**

\_\_\_\_\_ Ibuprofen (i.e. Advil, Motrin)

\_\_\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_\_\_ Cough Drops

\_\_\_\_\_ Tums

**OTC medication will be given at the manufacturer's recommended dosage.**

THE MEDICATIONS INDICATED ABOVE MAY BE ADMINISTERED TO MY STUDENT

\_\_\_\_\_

(Signature of Parent of Guardian) (Date)

**The school is not able to supply medication for frequent or daily use. For OTC medication not listed on this form, or if the medication must be given on a regular basis, please use the form "Request for Medication Administration".**