Consent for Parent Supplied Over the Counter Medication

Student Name: _____ Grade _____

School: _____

School Year: _____

- Medication will be supplied in its original container with a valid expiration date.
- I request and authorize that this medication be administered by school personnel as instructed by written physician order or by printed instructions on the box.
- This medication must be brought in by a parent/guardian.
- In the event that your child has medication left at the end of the school year, if not picked up by the last day of school it will be discarded.
- **This consent is good for the current school year only**

Name of Medication: _____

Directions: _____

Reason for Taking the Medication: _____

Parent/Guardian Signature_____ Date_____