Ortonville School

OVER THE COUNTER MEDICATION

AUTHORIZATION OF ADMINISTRATION OF MEDICATION _____DOB__ Student _____ Parent/Guardian Grade/Teacher I hereby request and authorize you to administer to _______(Student) (check here) for permission to give medications available in the nurse's office such as Tylenol, ibuprofen, Tums, Benadryl, cortisone lotion, Neosporin Name of Medication not available at school Dosage _____ Allergies _____ Time (or Frequency)_____ Reason for Use_____ The school intends to use the requested information to provide for your child's health and safety needs while at school. You may refuse to supply the requested personal information. There will be no consequence for not providing the information. It may result in an incomplete health and safety plan for your child. The information you provide will be shared only with staff in the school whose jobs require access to this information to ensure your child's safety and school success. I release school personnel from the liability in the event any reaction results from the administration of this medication. Parent/Guardian Signature Phone No. PARENT/GUARDIAN: The procedure for administering medication on a field trip is different from medication administration during the regular school day. Procedure for students who may need to take medication while away from school on a field trip is as follows: It is the teacher's responsibility to inform, in advance, the Health Office when the class is going on a field trip. Any medication that needs to be given to the student will be sent with the teacher/responsible adult who will carry and administer the medication on the field trip as necessary. When the teacher/responsible adult administering the medication on the field trip returns to the school building, he/she must record the time and sign the medication administration recording sheet in the medication book. I give permission for the teacher/responsible adult on a field trip to give my child_____

I release school personnel from liability in the event of any reaction which results from the administration of this medication.

(Name)

his/her medication that has been set up by the Health Office.