

**Nonprescription Medication Administration Permission Form**

Nonprescription (also known as “over-the-counter” or “OTC”) medications may only be given by a designated and appropriately trained employee to a student in compliance with the manufacturer’s printed label instructions and the written consent of the student’s parent or guardian. **Nonprescription medications must be supplied by the pupil’s parent or guardian in the original manufacturer’s package. The package must list the ingredients and recommended therapeutic dose\*. The medications must be labeled with the student’s name and will be kept in the school’s health office.** A medication may be shared by more than one family member from the same household. However, **there must be a separate permission sheet for each child.**

**Student Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**School Year:** \_\_\_\_\_ **School (circle one):** Clay Lamberton Berlin Middle Berlin High

***My child, as named above, has permission to take the following medication(s):***

- **Name of Medication:** \_\_\_\_\_  
Dose and Route (oral or topical): \_\_\_\_\_  
Purpose: \_\_\_\_\_
  
- **Name of Medication:** \_\_\_\_\_  
Dose and Route (oral or topical): \_\_\_\_\_  
Purpose: \_\_\_\_\_
  
- **Name of Medication:** \_\_\_\_\_  
Dose and Route (oral or topical): \_\_\_\_\_  
Purpose: \_\_\_\_\_
  
- **Name of Medication:** \_\_\_\_\_  
Dose and Route (oral or topical): \_\_\_\_\_  
Purpose: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Relationship: \_\_\_\_\_

*(\*A pupil may be administered a nonprescription drug in a dosage other than the recommended therapeutic dose only with the written approval of the pupil’s practitioner. If you desire to have your child to take a dosage other than the recommended therapeutic dose, then you will need to have prescription medication administration form completed by you and your child’s health care provider.)*