

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.)*