

Permission Forms for Medication**PARENT OVER-THE-COUNTER THREE DAY MEDICATION FORM**

Student's Name: _____ **Grade:** _____ **Date of Birth:** ___/___/___
School: _____

TO BE COMPLETED BY THE PARENT

Procedure 09.2241 AP.1 – Medication shall be in original container, dated upon receipt. Medication needed more than three (3) days requires a parent/guardian and Health Care Provider to complete the required form.

Name of medication: _____
Reason for medication: _____
Instructions: Time: _____ Dose: _____ Start Date: ___/___/___ Stop Date: ___/___/___

Important information to remember with three (3) day parent medications:

- When medication is needed, the parent must bring the medication into the school and sign it in with the front office staff.
- The medication is only for three (3) days, after that the parent/guardian must pick it up or it will be destroyed ten (10) days after the conclusion of the third day of medication administration.
- The student may not keep this medication on his/her person. It must be administered by authorized school staff.

PARENT AUTHORIZATION FOR ABOVE LISTED MEDICATIONS.

I give permission for _____ to receive the above medication(s) at school according
Student's Name

to standard school policy and expressly hold harmless, and waive any liability on behalf of, the school or its employees and agents concerning any injuries or reactions resulting from administration or lack of administration of the above medication. For on-going medications, I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable orders from a physician or health care provider to be followed.

Date: _____ *Signature:* _____ *Relationship:* _____

Home Phone: _____ *Work Phone* _____ *Emergency Phone* _____

I/we reviewed the statement and authorization for completion.

Administrator/designee _____ *Date* _____