



Over-the-Counter Medication Permission Form

Student Name (Last, First)

DOB

Please read and fill out this form COMPLETELY for each student that has their own OTC Medications at school.

The over-the-counter (OTC) medications listed below may be administered during the school day on an as-needed basis and must be supplied by the parent or guardian in the original medication container. Unless a parent or guardian requests a lower dose, medications will be administered according to the age- and weight-based dosing instructions on the manufacturer's label.

All medications will be administered by an authorized designee based on the student's symptoms and assessment. No medication will be given until all required documentation has been completed and received. A parent or guardian signature is required at the beginning of each school year.

In accordance with school policy, students may not carry or store medications on their person during the school day unless specifically authorized and permitted by district policy (such as approved emergency medications).

Medication/Dosage	Frequency	Purpose	Permission to Administer

Additional Instructions: _____

☐ I certify that my child has no known allergies to the above medications.

By signing below, I agree that I will keep St. Mary's Springs Academy informed of any changes in medication(s) or health concerns pertaining to my child. I agree to not hold St. Mary's Springs Academy or any designated employee administering medications responsible for any claims arising from the administration of these medications at school. I will also assume responsibility for letting the school know if my child received any OTC medication before coming to school as to not have our staff administer more medication before they are supposed to receive another dose. Please be advised that individual notification will not be provided at the time of each administration, as this would not be operationally feasible.

Parent/Guardian Name

Signature

Date