

**Kansasville School District
Authorization for Administration of Over-the-Counter Medication**

Student's Name _____ **D.O.B** _____ **Grade** _____

INSTRUCTIONS

- No over-the-counter medication will be given to students without written permission from parent/legal guardian.
- Over-the-counter (nonprescription) medication shall be provided in the manufacturer's original packaging and must have the manufacturer's label identifying the medication, its ingredients, dosing recommendations, possible drug interactions and/or warnings in addition to the student's name printed on the container.
- All instructions to administer an over-the-counter medication in a manner inconsistent with the manufacturer's recommended instructions must be ordered by a physician.
- All over-the-counter medications will be stored in a locked cabinet in the school health office.
- Any over-the-counter medication given more than twelve times in a one-month period will require a physician's order to continue the medication.

FOR COMPLETION BY PARENT/GUARDIAN

Medication	Dosage	How it is to be given	Time to administer	Duration of request	Reason for Medication

As the parent/guardian of the above-named student, I have read and understand the school's medication policy and give the Kansasville School District permission to administer the medication to my child according to the directions stated above. I will notify the school district immediately of any changes in medication profile or health concerns of my child. I authorize the District Nurse to contact my child's medical provider for clarification of the use of this medication or to report any adverse reactions or side effects.

Parent/Guardian Signature:	Phone:	Date:
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Reviewed by the School Nurse: _____ Date: _____