



PARENTAL CONSENT FOR GIVING OVER THE COUNTER
MEDICATION AT SCHOOL
2018-2019

I hereby request and give my consent for the health aide or person designated by the Administration to see that my child, _____ receives the medication _____ for the period from _____ to _____.

The medication is to be furnished by me in the original container and is to be labeled in the following manner:

1. Name of medication _____
2. Route of administration (by mouth, etc.) _____
3. Amount and time to be given _____
4. Expected duration of treatment _____
5. Indication (reason) for medication _____

Signature of Parent/Guardian

Date

Comments by Health Aide: _____

**SCHOOL MUST BE NOTIFIED IMMEDIATELY OF
ANY CHANGE IN MEDICATION.**