

## OVER-THE-COUNTER (OTC) MEDICATION CONSENT FORM

It is preferred that all medication be given at home whenever possible. However, we realize that occasionally medication may need to be taken during school hours. Complete and sign this form to help us facilitate your child receiving his/her medication. Complete one sheet for each medication your child is taking. For safety purposes, it is highly recommended that an adult deliver all medication to school. All medication MUST be in the original bottle and/or over-the-counter package, or they cannot be given. Medications are not accepted if sent in a baggie or an envelope.

Students Name \_\_\_\_\_ Birth date \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication \_\_\_\_\_

Dosage to be taken \_\_\_\_\_

Time(s) to be taken \_\_\_\_\_

How long medication will be needed \_\_\_\_\_

Reason student is taking this medication:

Considerations/Side effects:

I give St. Matthew School personnel permission to facilitate the administering of the above medication. I further hereby agree to hold the School harmless from any liability related to the administration of said medication. I understand that if my child refuses this medication, force will not be exerted to make him/her comply.

\_\_\_\_\_  
Parent/Guardian Signature Date \_\_\_\_\_

**COMPLETE TOP SECTION ON REVERSE SIDE**

