

Over the Counter Medication Form
St. Paul Lutheran School
Bay City, MI 48706

Administration of Over the Counter Medication

Parent/guardian signature ONLY required for all Over the Counter (OTC) medications given on an irregular basis.

Student Name: _____ Date Of Birth _____

Teacher _____ Grade _____ Date _____

	Over the Counter Medication	Dose	Time given	Route*	Side Effects
1					
2					
3					

*Routes – oral (pill/capsule/chewable/liquid) – topical (skin/ear/eye/nose).

List special instructions if needed: _____

Start Date (if not beginning of year) _____ Stop date (if not end of school year) _____

Authorization of Parent/Guardian
Concerning the administration
Of all OTC medication by school personnel.

1. OTC medications must be contained in a labeled, original container.
2. Medication in the container must be the same medication stated on the label.
3. No OTC medication will be given without parent/guardian signature.

I hereby permit a person designated by St. Paul Lutheran School to administer OTC medications directed by a physician/or myself to the above named student and will not hold the Board of Education or its personnel responsible for the complications related to the medication.

Parent/Guardian Signature

Date