

AUTHORIZATION/ PARENTAL CONSENT FOR ADMINISTERING OVER-THE-COUNTER MEDICATION

Richard Hardy Memorial School must have the parent/guardian's authorization for a nurse to administer over-the-counter medications or, in his/her absence, the principal and/or designated staff to administer medications. Medications must be in their original containers and include label information about the name of drug, strength, dosage and frequency. The student's name should be on container. Please complete form. To view the medication policy contact the school nurse at 423-837-7282 ext. 106

Student's Name: _____ DOB: _____

Grade: _____ Teacher: _____

Reason student is receiving medication(s):

List Allergies: _____

List Medication(s):

Form of Medication: Tablet _____ Pill _____ Capsule _____ Liquid _____ Inhalant _____

I give permission for _____ to receive the above over-the counter medication(s) at school according to standard school policy. I understand that I have the ultimate responsibility for providing the school with an adequate supply of this medication(s). I understand that ALL medication(s) must be delivered to the school by a parent/guardian, either to the main office or to the school nurse's office. **All medication(s) must be in its original container with the correct name, medication, dosage and frequency of use.** I hereby release Richard Hardy Memorial School and its employees from any claims or liability connected with its reliance on this permission form. I am responsible to notify the school in writing of any changes made regarding my child's medication or medical needs, and to pick up any unused medication at the end of the school year.

Parent/ Guardian Signature: _____ Date: _____

Daytime phone: _____ Cell phone: _____