

Wrenshall Public Schools  
Health Services Office  
**Over-the-Counter Medication Authorization**

Students in grades K-12 may be administered non-prescription, over-the-counter medications while at school provided the following guidelines are met.

- Parent or guardian's written authorization is present
- Parents are responsible for providing their students supply of non-prescription medications to be kept in the Health Office
- Medications must be in the original container clearly identifying the medication and recommended dosage
- Dose administered will not exceed the recommended dosage on the labeled container
- Authorization must be renewed yearly

By authorizing administration of over-the-counter medication to my son/daughter during school hours, I release school personnel from any liability in relation to this request when medication is given as directed. I will notify the school health office of any change in the medication (dose change, discontinuation of medication, etc.).

I give permission for the school health service office to communicate with school staff about the action and side effects of medication on a need to know basis. I also give permission for the assigned teacher/responsible adult to administer the medication on a field trip, as necessary following school protocol.

I authorize school staff to send home remaining medication(s) with my son/daughter at the end of the school year unless otherwise indicated.

Student Name: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature authorizing administration of medication: \_\_\_\_\_

Daytime phone number: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_