

Effective for \_\_\_\_\_ School Year

Dear Parents/Guardians,

Clinton Elementary School policy requires your consent in order to administer **over-the-counter (OTC)** medications.

I understand that I need to supply the school with medications for field trips if needed. I understand school procedure is that I am to give the medication to the school health aide in its original container. School personnel will discard the medications supplied at the end of the year if a parent does not pick them up prior to **dismissal on the last school day.**

I give permission for the school nurse and/or other designee to administer the medication below to

_____	_____	_____
Student's Name	Date of Birth	Grade

Medication Name/Strength\_\_\_\_\_

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

Dosage/Time(s) medication to be given\_\_\_\_\_

Expiration Date\_\_\_\_\_

My child has previously taken this medication  Yes  No

Date Medication Delivered\_\_\_\_\_

Amount delivered\_\_\_\_\_

Parent Signature\_\_\_\_\_

Nurse/Health Aide Signature & Initials\_\_\_\_\_