

# Over-the-counter Medication Permission Form

Student Name \_\_\_\_\_  
(last name first)

I \_\_\_\_\_ give permission for LAA to dispense the following, over-the-counter medications to \_\_\_\_\_ for the school year of \_\_\_\_\_.  
(parent or guardian) (students name)

**Please provide all medications you have marked below:** (I keep only a small supply of some of these items)

- |                                    |                                      |  |
|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Tylenol   | <input type="checkbox"/> Neosporin   | <input type="checkbox"/> Benadryl        |
| <input type="checkbox"/> Ibuprofen | <input type="checkbox"/> Cough drops | <input type="checkbox"/> Throat lozenges |

Any other medication that **you** will provide: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Any known allergies of student \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication Policy as stated in the \_\_\_\_\_ handbook:  
State regulations require that all prescription and over-the-counter medications cannot be given to students without written permission. **The medication must be brought by parent from home with the student's name on it and the parent must complete a MEDICATION PERMISSION AND ADMINISTRATION FORM\***. No treatment can be given for major injuries, infections or illness. **All medications are to be kept in the office.**

\*Medication Permission and Administration form is required for prescription medication only. Please make sure all medications are in **original container**, otherwise medication cannot be dispensed.

For the prescription medication form please call or see the school secretary at 503-363-9408.