

Lutheran Central School

Non - Prescription Medication Permission Form

Non - Prescription Medication (Over the Counter Medication) Permission Form

Name of Student _____ Grade _____

Allowed Medications to be administered to my above named child:

- Acetaminophen
- Ibuprofen
- Other _____
- Other _____
- Other _____
- Special Instructions: _____

(If no special instructions are indicated, dosing per package instructions will be followed)

Duration

- Start Date _____ End Date _____
- I would like my requests indicated above to remain in effect this entire school year

I authorize school personnel to administer the above medication to my child and agree that I will not hold liable any member of the school staff or any individual of official capacity who is directed by myself and the school nurse to assist my child in taking the above indicated medication(s). Medication dose cannot exceed dose specified on medication label without a doctor's order. I understand that the school nursing staff reserves the right to request further clarification from the student's PCP. I understand that this consent shall be valid for no longer than the current school year. I understand that if there is any change in my wishes, an update medication permission form needs to be filed. I understand that it is my responsibility to provide the school with the above medication (s) for my child. I understand that all non prescription medication (over the counter) must be sent to school in its original container accompanied by the package label or package information. I understand that any unused medication which is unclaimed by the parent or student within two weeks of the last dose will be destroyed by the corporation. I understand that the corporation does not honor requests by parents or physicians to administer over the counter herbs, minerals, and vitamins and other homeopathic products as there is currently no standardization relative to these products and no FDA approval and guidelines. Any unused medication will be released to the student's parent or guardian, an individual who is at least eighteen years of age and designated in writing by the student's parent or guardian to receive the medication, or the student as indicated below.

Permission for transportation of medication(s):

- I authorize my student to transport medication to and from school
- I will pick up any unused medication
- I authorize my child's unused medication to be released to:

(I verify that the above named individual is at least 18 years of age)

Parent/Guardian Signature _____ Date _____