



## PARENT / GUARDIAN PERMISSION FOR OVER-THE-COUNTER MEDICATION

The Sacred Heart School medication policy follows NH state law. If your child requires the use of an over-the-counter medication not available through the Health Office, parents/guardians may supply their own. Over the counter medications must be in the original container and labeled with the student's name. The parent or guardian must provide written permission including dosage instructions for each over-the-counter medication to the nurse. Please note that dosage given cannot exceed label directions. Upon receipt, all medication will be counted and recorded.

Name of Student:		Date of Birth:
Medication:	Dose:	Route:
Frequency:	Start Date:	End Date:
Specific directions or information for administration:		
Reason for needing this medication:		
Other medication being taken by student:		

I give permission for the school nurse, or school personnel designated by the school nurse to give my child the over-the-counter medication listed above (please circle): **YES NO**

I give permission for my child to carry and self-administer the medication listed above if the school nurse determines it is safe and appropriate (please circle): **YES NO**

I give permission for the school nurse to share with appropriate school personnel information relative to the prescribed medication administration (e.g., adverse side effects) as she/he deems it necessary for my child's health and safety (please circle): **YES NO**

Any restrictions on release: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_

Date: \_\_\_\_\_