

OVER THE COUNTER

USD 247 CONSENT FOR MEDICATION



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

Medication: \_\_\_\_\_ Time: \_\_\_\_\_

Dosage: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date medication started: \_\_\_\_\_

Expected duration of medication: \_\_\_\_\_

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In order to avoid unexpected allergic reactions in the school setting, the first dose of the above medication must be given at home! \*The medication must be brought to the school in the original container it was purchased in. The container must have the student's name on it.

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I hereby give my consent for \_\_\_\_\_ to take the above medication at school as indicated on this form. I understand that it is my responsibility to furnish this medication. I verify the first dose of the above medication has already been given at home. I further understand that any school employee who gives the above medication to my child shall not be liable for damages as a result of an adverse reaction suffered by my child as a result of giving this medication.

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

\_\_\_\_\_  
Date