



SEMINOLE COUNTY PUBLIC SCHOOLS
AUTHORIZATION FOR OVER-THE-COUNTER
STUDENT ADMINISTERED MEDICATION

Student Name \_\_\_\_\_ School Year \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

My permission is hereby granted for my child to self-administer the following non-prescription medication during school hours and/or school activities.

Students Grade KG-5 May carry and self-administer:

Non-Aerosolized Sunscreen [ ] Non-Medicated Lip Balm [ ] Non-Aerosolized Insect Repellent [ ]

Students Grade 6-12 May carry and self-administer:

Name of medication: \_\_\_\_\_

Strength: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: [ ] Oral [ ] Inhaled [ ] Topical [ ] Other \_\_\_\_\_

How often will this medication be taken during the school day? \_\_\_\_\_

Reason for which medication is required: \_\_\_\_\_

This authorization is valid for this school year only unless earlier date is specified: \_\_\_\_\_

\*\*\*\*\*

Name of Parent/Legal Guardian (please print) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Legal Guardian \_\_\_\_\_ Relationship \_\_\_\_\_

Primary Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Note:

- 1. Each medication requires a separate medication authorization form.
2. All medication must be in the original container and clearly labeled with student's name.
3. The dosage must not exceed amounts recommended on the container label.
4. Parents who permit their child to self-administer over-the-counter medication assume full responsibility for any consequences resulting from the administration of the medication by their child.
5. To maintain a safe and drug free environment, it is encouraged that the amount of medication carried by the student should not exceed the daily dosage.

This form is to be turned into the school clinic and a copy should be carried by the student.