

Request for Administration of Over-the-Counter Medication

**Tri-County
School**

Special health care procedures and medication may be administered at school, by school personnel, when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form, along with medication and/or special equipment items, are to be brought to the school by the parent/guardian.

The medication should be brought to the school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for the school and the other for home.

Student Name: _____ Birth Date: _____

Teacher: _____ Grade: _____

Date of Request: _____ (Please renew annually)

☐ Allow Acetaminophen (Tylenol) ☐ Allow NSAID (Ibuprofen)

Condition(s) for which Over-the-Counter (OTC) medication is allowed (headache, minor injury, etc.):

We (I) the undersigned, the parents/guardians of _____ request that the above medication(s)/procedure(s) be administered to our (my) child. We (I) assume full responsibility for the administration of the above medication and we (I) will inform the school of any change in medication or health status.

Signature: _____ Relationship: _____ Phone: _____