

# School District of Benton

## Benton School Board

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## **MEDICATION ADMINISTRATION CONSENT FORM: Over the Counter**

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

### NOTE TO PARENTS/GUARDIANS

The School District **REQUIRES** that students who need over-the-counter medication during school hours **MUST** do the following:

1. Present a written consent form filled out and signed by the parent or legal guardian. (Consent form below)
2. Bring over-the-counter medication in the original container. Do not send medication in plastic baggies, envelopes, or other unmarked containers.

NOTE: Many of the short-term medications do not need to be given at school. For example, medication taken 3 times per day can be given in the morning before school, right after school, and at bedtime.

## **CONSENT FOR MEDICATION OVER-THE-COUNTER MEDICATION**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Reason for Medication to be given: \_\_\_\_\_

By signing below, I give school personnel permission to administer the above indicated non-prescription medication to my son/daughter. I understand that all medication should be in their original container. I give permission that necessary information related to my child's condition be shared with the school nurse.

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Parent Signature

Date