

OVER-THE COUNTER MEDICATION PERMISSION FORM

Complete this form to allow middle school and academy students to self-administer certain over-the-counter medications such as Tylenol, acetaminophen, Motrin, Advil, ibuprofen, Midol, aspirin, antacid and cough and throat lozenges. The student and parent will be responsible for the following:

- 1. Obtaining, reading and signing this written permission form before the student is allowed to self-administer over-the-counter medications.
2. Ensuring the medication must be in its original container and legibly labeled with the student's full name.
3. Reminding the student he/she is not permitted to give his/her medication to other students.
4. Ensuring that the licensed school nurse or school administrator has a copy of this signed permission form on file in the clinic/office.

Date

Student

Name of Medication Tylenol, Advil, Benadryl, Cough Drops, Antacid, Cortizone 10, eye lubricant

I hereby release and discharge and further agree to indemnify, hold harmless, or reimburse the School, its employees, agents, representatives, and all other officials, from any and all claims, actions, suits, losses, costs, expenses and liability in case of accident or any other mishap because of negligence in administering such medication or because of side effects, illness or any other injury which might occur to my child through administering such medication. And, I hereby release said aforementioned board, district, employees and officials from any liability, suit or claims of whatever nature and kind, which might arise as a result of administering the medication in accord with this request. I accept legal responsibility for my child should the above medication be lost, given or taken by a person other than the above named student. If this should happen, the privilege of carrying medication will be revoked. I further release the Georgia Cumberland Conference and its employees of any legal responsibility when the above student administers his/her own medication.

Date Signature of Parent/Guardian

I understand how much and when to take the above named medication. I will not allow another student to take my medication under any circumstances. I also understand that I should self-administer (take) my over-the-counter medication in the presence of a school official to continue this privilege.

Date Signature of Student

I have seen the above labeled medication bottle and have a copy of this permission form.

Date Signature of Student