



Over-the-Counter Medication Form

I am requesting and hereby give permission to school personnel to give the following medication during school hours to my child named below in order to maintain my child's physical health and support school performance. To my knowledge, my child has no allergy to this medication.

Child's Name

Date of Birth

Parent Signature

Telephone Number

Date

Name of Medication

Dosage

Frequency (how often to be given)

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The medication listed above must be supplied by the parent/guardian and must be in the original manufacturer's container with an original label containing dosage instructions. *Please do not send OTC medications in baggies or other containers.*

***Please return this form to the school nurse,
or email to nurse@stmarkhouston.org.***