

**LUVERNE PUBLIC SCHOOLS**

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Luverne, MN 56156  
Telephone (507) 283-4491  
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**OVER THE COUNTER (OTC) MEDICATION DURING THE SCHOOL DAY**

Parents of students requesting that medication be administered during the school hours by the school nurse or his/her designee are requested to provide for the school:

- 1) **Parental release signature,**
- 2) **Medication supplied in the original pharmacy container.**

**Student Name** \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

**Medication** \_\_\_\_\_

Dosage \_\_\_\_\_ Route: by mouth \_\_\_\_\_ eye drops: right \_\_\_\_\_ left \_\_\_\_\_

inhaler \_\_\_\_\_ ear drops: right \_\_\_\_\_ left \_\_\_\_\_

apply to skin \_\_\_\_\_ nebulizer \_\_\_\_\_

Time given \_\_\_\_\_ AM \_\_\_\_\_ PM Beginning \_\_\_\_\_ Ending \_\_\_\_\_  
\_\_\_\_\_ Noon (All authorizations expire at the end of the school year.)

Purpose or reasons medication needed: \_\_\_\_\_

Possible side effects: \_\_\_\_\_ Allergies: \_\_\_\_\_

What other OTC or prescription medication is the student taking at home? \_\_\_\_\_

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**PARENT/GUARDIAN AUTHORIZATION**

- 1. I request that the above medication be given during school hours as ordered by this student's physician/licensed prescriber. I also request the medication be given on field trips, as prescribed.
- 2. I release school personnel from liability in the event adverse reactions result from taking the medication.
- 3. I will notify the school of any change in the medication.(ex: dosage change, medication is discontinued)
- 4. I give permission for the school nurse to consult with the above names student's physician/licensed prescriber regarding any questions that arise with regard to the medication or medical condition being treated by the medication.
- 5. I give permission for the school nurse to communicate with the student's teachers about the action and side effect of the medication.
- 6. I give permission for the medication to be given by the designated personnel as delegated by the school nurse.

Date: \_\_\_\_\_ Parent or Guardian \_\_\_\_\_ Phone: \_\_\_\_\_