



# MINERAL POINT SCHOOLS

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

## **NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION** **PERMISSION AND INSTRUCTION FORM**

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

(if more than therapeutic dose on packaging, must have medical provider signature as well)

TIME TO BE GIVEN \_\_\_\_\_

PERIOD/LENGTH OF TIME TO BE GIVEN \_\_\_\_\_

REASON FOR TAKING MEDICATION \_\_\_\_\_

\_\_\_\_\_  
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I AUTHORIZE THAT THIS MEDICATION BE GIVEN AS INDICATED TO MY SON/DAUGHTER

\_\_\_\_\_  
(Signature of Parent)

\_\_\_\_\_  
(Date)

Parent/Guardian signature is required for this form to be valid.

***\*The medication MUST be brought to school in its original container labeled with your child's name.\****