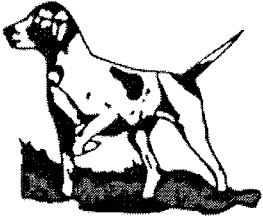


*For Over-the-Counter medicine only. Parent signature required to be valid.*



# MINERAL POINT SCHOOLS

Grade: \_\_\_\_\_ Date of Birth \_\_\_\_\_

## NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATION CONSENT FORM

NAME OF STUDENT \_\_\_\_\_

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_

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 / Legal Guardian

\_\_\_\_\_  
Date

*Please bring the medicine to school in its original container labeled with your child's name.*

*\*\*\*Examples of over-the-counter medicine: Tylenol, Ibuprofen, Benadryl\*\*\**