

TKA Over-the-counter Medication Permission Form

Date: _____

Student's Name: _____

Date of birth: _____ Parent's Telephone #: _____

Over-the-counter medication to be administered during the school day:

Specific instructions:

I request that the school nurse give the above **over-the-counter** medicine(s) to my child as directed above. I will not hold the school or school nurse liable for any adverse drug reaction when the over-the-counter medicine is administered according to above directions.

(Print Parent's Name)

(Parent's Signature)

(Date)