ACADEMIA
CESAR CHAVEZ
¡SÍ SE PUEDE!

Parent / Guardian Permission
Over-the-Counter (OTC) Medication Form
NOT SELF-CARRY

Scholar Name: _____

Grade:_____ Teacher:_____

Non-Prescription (Over-the-Counter) Medication.
The parent or guardian must submit written authorization for the scholar to receive, self administer (under staff supervision) or get assistance with over-the-counter medication each school year. Please submit a form for each medication requested.

Medication must be supplied to the health office by a parent/guardian in an original, labeled container. The medication must be appropriate for age and administration must follow package guidelines (any deviation requires licensed prescriber's authorization).

The scholar is to notify the Health Office under the following circumstances:

- Symptoms continue to get worse after taking medication
- Suspect that s/he is experiencing side effects from the medication

I give permission for a trained staff member to assist my child _____
With administration of the following over-the-counter medication. (Scholar name)

Information about the medication is as follows:

- Name of medication:_____
- Dose (amount to be taken):_____
- Time to be taken (if taken as needed, please describe symptoms under which it should be given):_____
- How it is taken (example: swallowed; drops to right eye, skin application to _____area):
  _____

The following are any allergies or health conditions my child has:_____

_____

Parent / Guardian Signature:_____ Date:_____

Printed Name:_____