

 CITRUS COUNTY SCHOOLS SCHOOL HEALTH SERVICES	STUDENT AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION
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STUDENT NAME:							
DOB:		AGE:		SCHOOL:		DATE:	
HEALTH CONDITIONS (S):							
ALLERGIES:							
PARENT/GUARDIAN NAME:			PHONE NUMBERS:				

*Authorization for Over-The-Counter Medication administration during the school day must be provided by both a parent and a physician. Over-The-Counter Medication can be given during the school day, if provided by the parent, and a Student Authorization for Over-the-Counter Medication form is signed by a parent **and** physician.*

It is understood by the undersigned that school personnel will not be responsible for the supervision of, the possible misuse of, or any side effects from the administration of the below medication. School personnel may contact the physician if there are concerns about the medication.

IF YOUR CHILD NEEDS AN OVER-THE-COUNTER MEDICATION, ADMINISTERED DURING THE SCHOOL DAY, THIS FORM MUST BE COMPLETED BY BOTH A PARENT AND A PHYSICIAN.			
Name of Medication:			
Amount to be Given:		Time to be Given:	
Special Instructions:			
Possible Side Effects:			
What is the necessity for the medication to be provided during the school day?			
Physician Name:		Phone #:	
Physician Signature:		Date:	
Parent/Guardian Signature:		Date:	

- ALL medication must be properly labeled and in the original container.
- A separate form is required for each medication.
- Forms MUST be renewed each school year.
- Expired medication or medication not picked up at the end of the school year will be disposed.
- Only the natural parent or guardian is allowed to sign this form. Medication must be brought to school by an adult.

For Clinic Use Only • For Clinic Use Only • For Clinic Use Only • For Clinic Use Only • For Clinic Use Only • For Clinic Use Only • For Clinic Use Only										
Amount of Medication Received:	Date									
	Amount									
Expiration Date:										
Reviewed by Nurse:							Date:			