

MACNEAL SCHOOL—AUGUST 2011-AUGUST 2012

OVER-THE-COUNTER MEDICATION ADMINISTRATION
PERMISSION FORM

Student's Name: _____ Date of Birth: ____/____/____

This form must be filled out, signed by parent/guardian and placed on file to indicate **every over-the-counter medication** that needs to be administered at school.

I request school personnel to supervise the administration of over-the-counter medication for my child. The medication must be dispensed from the original bottle and must be replenished in a timely manner. It is understood that MacNeal School faculty members are administering medicine to my child in compliance with my request. Accordingly, I hereby release MacNeal School and personnel from any and all liability as to injuries or ill effects of any kind that may be caused thereby.

Name of medication 1 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 2 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 3 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 4 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 5 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 6 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM
Name of medication 7 _____					
mg:	time taken:	mg:	time taken:	mg:	time taken:
_____	_____ AM/PM	_____	_____ AM/PM	_____	_____ AM/PM

*** Please note: This sheet and all other medication sheets (data and permission) on file for this student will no longer be valid if any information changes (medication, dosage, and/or time of day when the medication is taken). A completely new set of Student Medication Information Data sheets and Medication Administration Permission Forms must be filled out each time there is a medication change.**

Parent/Guardian Signature _____

Date _____