Jackson County Central Schools

Riverside	Pleasantview	Middle School	High School
Phone (507)847-5963	Phone (507)662-6218	Phone (507)662-6625	Phone (507)847-5310
Fax (507)847-4398	Fax (507)662-6690	Fax (507)662-5063	Fax (507)847-3078

Over-the-Counter Medication Administration Authorization Form

Student's Name: _____ **Date of Birth:_____**

School/Grade:_____ **Student's approximate weight: _____**

Parent/Guardian: _____ **Daytime Phone Number:_____**

Parent/Guardian must complete this form for over-the-counter medications to be administered in school. Medications must be provided in original manufacturer container. Medications will only be administered to the student according to the label directions unless written directions from the physician are provided.

I give permission for the following medication(s) to be administered by the appropriately designated personnel during school hours:

Medication	Reason for Use
Medication	Reason for Use
Medication	Reason for Use

Additional information if necessary:

This authorization will be valid for the length of the current school year unless otherwise stated by parent/guardian.

Parent Signature _____ Date _____

Over-the-Counter Medication Administration Record

Student: _____

Student's Name: _____ **DOB: _____**

_____ _____

Medication Dose Medication Dose

_____ _____

Medication Dose Medication Dose

	Medication	Date	Time	Reason	Signature
1.					
2.					
3.					
4.					
5.					
6.					
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18.					