



CONSENT TO ADMINISTER OVER THE COUNTER MEDICATIONS
(One form needed for each prescription.)

Student's Name: _____

Student's DOB: _____ Grade _____

All Lansing students must have a completed Consent to Administer OTC Medication on file if there is a time during the school year that the medication is to be taken during the school day. The release form is required prior to the medication being given to the student.

This form must have a parent/guardian signature before the medication can be administered at school. All medications are to be given to the nurse in the original packaging, labeled with the student's name.

All medications will be maintained in the nurse's office and administered according to label instructions at the discretion of the school nurse.

I authorize the administration of the following medications
to the above-named student.

Medication(s) _____

Dosage _____

Reason for Rx _____

Duration _____

Time of day to administer _____

Parent/Guardian signature _____

Date _____

JGFGB Supervision of Medications

Revised/Approved: 9/10/2012