

Sample



**Over-the-Counter Medication
Permission to Administer Form
Anytown Adventist School**

Name of Student: _____

Teacher: _____ Grade: _____

Medication: _____ Dosage: _____

Purpose of Medication: _____

Time of day medication is to be given: _____

Possible side effects: _____

Anticipated number of days it needs to be given at school: _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed at _____ Adventist School, the undersigned parent or guardian hereby agrees to release the _____ Adventist School and _____ Conference and its personnel from any legal claims which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I agree that I will provide the medication, properly labeled and in the original container, and that the dosage listed above is in harmony with the regular dosing listed on the bottle. I understand that any change to regular dosing (as indicated on the medication bottle) will require a doctor's order.

I hereby give my permission for my child (named above) to take the above medication as ordered. I understand that it is my responsibility to furnish this medication and agree (by my signature below) that my child is competent to self-administer his/her medication.

Signature of Parent/Guardian

Date