

Leyton Public Schools

Over The Counter Medication Authorization Form:

- Any over the counter medication (ie. Tylenol, Acetaminophen, Advil, Ibuprofen, cough syrup, cough drops, TUMS etc.) that is brought to the school to be given to your child, **MUST be in the original container, and labeled with your child's name.**
- **This authorization must be renewed on an annual basis.**
- **Medication will not be administered without the parent consent.**

Student Name: _____ DOB: _____ Grade: _____

Medication's Name: _____

Dose: _____ Route: _____

Time to be given: _____

Reason for Mediation: _____

Special Instructions: _____

Start Date: _____ End Date: _____

I understand I am to provide this medication and maintain the supply as needed, and to notify the school in writing of any changes in the medication.

I hereby give consent for Leyton Public Schools to administer this student the above medication. I release Leyton Public Schools and employees from liability in case of choking, allergic reaction, side effects and/or any health risks related to this medication.

Signed: _____ Date: _____

Parent/Guardian Signature