St. Susanna
Parish School

OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

Administration of over the counter (OTC) medication at school requires consent of the parent/legal guardian before medication can be given to a student by school personnel. The following information is necessary for compliance to school policy. Please complete this form in order for St. Susanna staff to provide effective care for your child. **School staff will contact the parent for authorization to administer OTC medications at the time of administration in addition to the signed form on file** . One form per child and one form per medication is required. This form is only valid for the 2025-2026 school year.

PLEASE TYPE OR PRINT CLEARLY

STUDENT NAME: _____ DATE OF BIRTH: _____

HOMEROOM: _____ AGE: _____ WEIGHT: _____

MEDICATION NAME: _____

DOSAGE: _____ ROUTE: ❑ BY MOUTH ❑ TOPICAL ❑ INHALATION ❑ INJECTION TIME/FREQ: _____

SPECIFIC INSTRUCTIONS FOR ADMINISTRATION/STORAGE:

ADVERSE REACTIONS THAT SHOULD BE REPORTED TO THE PARENT/LEGAL GUARDIAN:

EFFECTIVE DATE OF ADMINISTRATION: _____ EXPIRATION DATE OF ADMINISTRATION: _____

I have reviewed the above information and authorize medication administration as stated. I further agree to the following:

1. Deliver the medication in the original labeled container including the medication name, dosage and directions for administration.

2. Use the appropriate age based and weight based dosage as indicated on the medication directions for use unless written permission from a physician is provided. School personnel has the right to not administer if dosage is incorrect for student's age and weight.

3. Notify school staff in writing of any changes (i.e route, dosage, time) or discontinuation of the above medication.

4. Understand it is the student's primary responsibility, not school personnel, to remember to take the medication.

5. Release St. Susanna and its designated personnel from any liability concerning the administration or non-administration of the prescribed medication to the student.

_____ _____

Parent/Guardian Name (*Print*) **Contact Number**

_____ _____

Parent/Guardian Signature **Date**