# Over the Counter Medication (OTC) Consent Form

*Pine City School Health Services~ 1400 Main St S Pine City MN 55063*

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| **HS**: direct: 320-629-4116<br>fax: 320-629-4106 | **ELEM:** 320-629-4214<br>fax: 320-629-4205 | **ALC:** 320-629-4040<br>fax: 320-629-4041 | **Visions:** 320-322-2201<br>Fax: 320-322-2202 |

_____/_____/_____/_____

**Student Name** **DOB:** **AGE yrs** **Grade/Teacher**

The PCHS staff has my permission to administer the following OTC Medication to my child, with the Dosage & Timeframes based upon FDA package approved dosing for my child's **AGE** for this medication. *(Variance allowed if prescription provided to shcool by clinic provider).*

**Medication:** _____ ..... ***For symptoms of:*** _____

***Allergies***: _____

**I Understand & Agree to** the MN statutes and ISD 578 policy:

1. **All Medication must be provided in its original container.** Any medications sent to school in baggies, envelopes, or other containers will NOT be administered & will be returned home with the student.

2. A written statement to the school health office when the medication is to be discontinued, otherwise the permission **will expire at the end of the school year**, and the parent will be asked to arrange to have the remaining medication picked up or school staff will dispose of it.

3. ***All medications must state it is FDA approved for use in children.*** If a medication is not approved for use in children, it may be administered with a prescription from an authorized medical prescriber. Please ask your medical provider to provide the school with written orders.

**Signature of Parent/Guardian:**_____
Date:_____

**7th & up ONLY:** MN Statutes allows students to self administer OTC pain relievers *ONLY*.
**_____(parent initials).** *My student MAY self administer/self carry Ibuprofen or Acetaminophen in the original container. They may NOT share this medication, & must have it locked or secured safely at all times. Any abuse of this policy will result in this privilege being revoked.*

***If you have any questions, please contact your school's health office staff list above.***

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| Original container: | *FDA approved in peds:* | TIES: | Allergies: |