☐ Office File
☐ Student Medical File

Permission for Over-the-Counter Medication (2020-2021)

_____ _____ _____
Student Last Name, First Name | Birth Date | Grade

City Academy does not allow students to have over-the-counter medications in their possession. All over- the-counter medications must be turned into the health office and accompanied by a physician's order and parent signature. If you have any questions, please contact the health office.

Over-the-counter medications must be submitted in the original box with the child's name written on it.

Name of medication	Dosage	Method of Administration	Time(s) to be Taken
Allergy			
Pain and Fever Reducer			
Cold Symptoms and Sore Throat			
First Aid			
Other OTC Medication			

Consent for Administration of Over-the-Counter Medicine

LICENSED HEALTH PROFESSIONAL

I request and authorize the above-named student be administered the above identified over-the-counter medication in accordance with the instructions indicated above from_____(date) to_____(date) (not to exceed current school year). There exists a valid health reason which may make administration of the medication advisable during school hours.

_____ _____
Signature of Licensed Health Professional (LHP) | Date

_____ _____
Print Name of Licensed Health Professional (LHP) | Telephone Number

PARENT/GUARDIAN

We hereby release the school from responsibility and liability and agree to hold City Academy harmless in the event of accident or injury associated with any medications that we allow school personnel to give our child. By signing below we intend to waive any rights to sue or otherwise make any claim against City Academy or its officers, directors, employees, agents and volunteers for any reason including negligence of any of them. We understand the effect of this release and permission form and accept all of these risks. If any information changes, we agree to update this form by contacting in writing (via email, regular mail or fax) the Main Office of the school.

Signatures of both Parents/Custodial Parent/Guardian **Date**

_____ _____

_____ _____

Telephone Numbers

Mother/Guardian: (H)_____ (W) _____ (C) _____

Father/Guardian: (H)_____ (W) _____ (C) _____