

# The Founders Center

## Permission to Administer Over-the-Counter Medications

### During Center Hours

The Founders Center personnel have permission to give:

Name of Student: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dose and Time: \_\_\_\_\_

Reason for Administration: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

*For any medications that are stored on site for more than 10 school days, including those intended for PRN use (per required need), a full medication form with doctor's signature must be completed. This does not apply to permissions for sunscreen and insect repellent.*

I understand that over the counter medication must be delivered in the original unopened package with the student's name written on the outside of the box/container. Opened containers will be returned and medication from them will not be given.

I understand that sunscreen and insect repellent may come to school in an already open container but need to be in the original container.

I understand that the dosage/time schedule I request for medication administration must fall within the guidelines printed on the package for that age/weight unless I provide a physician's order to alter those guidelines.

I understand and agree that it is the responsibility of the parent/guardian to ascertain that this medication will not negatively interact or conflict with any prescription medications taken by the student either at home or at school.

\_\_\_\_\_  
Name and relationship to student

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date