

TO RECEIVE O-T-C MEDICATIONS, EACH STUDENT MUST HAVE THIS CONSENT FORM SIGNED BY A PARENT/GUARDIAN SUBMITTED TO THE SCHOOL NURSE EACH SCHOOL YEAR.

Grade _____

Hortonville High School
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2009-2010 School Year
Health Services
Parent/Guardian Administration of Over-the-Counter Drugs

Student Name: _____ D.O.B. _____

Tylenol (Acetaminophen) Advil (Ibuprofen) Both

Dosage _____

Any Specific Instructions: _____

I hereby give my permission to the school nurse or health aide to give this medication to my child according to the directions stated above.

I further agree to hold the Hortonville School District and the above person not liable in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing when any changes in the above orders are necessary.

Signature of Parent/Guardian

Date