

School Year: __

**Gallatin Gateway School
Authorization for Occasional/Frequent Over the Counter Medication/Treatments**

Name of Student: _____ Date of Birth: 5/19/15 _____ Grade: _____

Medication Allergies: _____

Over the Counter Medications

By initialing below, I give permission for school nurse/school personnel to administer the following medication (s) as needed to my student for minor discomfort or injury.

_____	Acetaminophen (i.e. Tylenol)	Dosage _____
_____	Ibuprofen (i.e. Advil or Motrin)	Dosage _____
_____	Antihistamine oral (i.e. Benadryl)	Dosage _____
_____	Antacid (i.e. Tums, Pepto)	Dosage _____

Parents may also supply other over the counter medications, please list below:

Medication name: _____	Dosage: _____
Reason given: _____	Time: _____
Medication name: _____	Dosage: _____
Reason given: _____	Time: _____

For frequent or daily use of over the counter medications:

- I will bring the medication to the school myself or by another responsible adult.
 - Students are not allowed to carry medication unless allowed to do so by law or specific school plan.
 - Students will not be given narcotic medications unless allowed by a specific school plan.
- I understand that over the counter medications must be brought to school in the original container with a label intact.
- I understand that I will also need to complete a medication drop off and pick up form regarding the above medication for drop off and pick up procedures.

Duration of Order: Valid until the end of school year unless otherwise noted.

Other length of duration: _____

_____	_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature	Phone # Date

School Administrator/Secretary Signature _____

School Year: __

Medication Drop off and Return Form

Date: _____

Name of Student: _____ Grade: _____

Name of over the counter medications: Expiration Date: Return Date/Parent Initials:

___ **Tylenol** _____ **n/a** _____

___ **Motrin** _____ **n/a** _____

I attest that over the counter medications turned over to the school office are in their original container with a label intact and is labeled with my student's name.

Printed Name Parent/Guardian Signature Phone

School Administrator/Secretary Signature _____