



Over-the-Counter Medication Permission Form

Per the Tennessee Guidelines for Health Care, parents may supply over-the-counter medications necessary for their student during school hours. This will not require the Health Management Plan form. However, if the student requires prescription medication during school hours or school-related events, the Health Management Plan form will be necessary. Medications supplied by Ivy include emergency medications (i.e. benadryl, epinephrine, etc).

Student Name: _____ Date of Birth: _____

Parent/Guardian Name(s): _____ Phone: _____

_____ Phone: _____

Parent/Guardian Address: _____

Medication must be brought in with the original label listing the ingredients. The child's name and dose schedule should be affixed to the container.

Medication Name: _____

Dosage: _____

Reason Given: _____

Time: _____

Discontinuation Date: _____

Medication Name: _____

Dosage: _____

Reason Given: _____

Time: _____

Discontinuation Date: _____

Medication Name: _____

Dosage: _____

Reason Given: _____

Time: _____

Discontinuation Date: _____

School personnel who administer over-the-counter medication according to the proper dosing instructions shall be held harmless for any adverse reaction experienced by the student. My student has taken the medication(s) listed above with no known adverse reaction.

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

Parent/Guardian Signature: _____

Date: _____