

**BROOKFIELD PUBLIC SCHOOLS
BROOKFIELD, CONNECTICUT**

Over the Counter Medication Permission

Administration of non-prescription medications: The following "over the counter medications" may be administered according to directions on the label. All medication must be dispensed from the original container. Medication cannot be given unless the *Over the Counter Medication Permission* form has been signed by the student's parent/guardian annually.

Over the counter medications: Allergy eye drops, antihistamines, analgesic/antipyretics, cough medications, decongestants, products for dysmenorrhea, expectorants, products for lactose intolerance, migraine headaches and motion sickness medication.

If you want the school nurse to administer one of the above over the counter medications to your child, you must fill out this form and return it, along with the over the counter medication in its original container, to the school nurse

MEDICATION MUST BE DELIVERED TO THE SCHOOL NURSE BY AN ADULT

NAME OF STUDENT _____ GRADE _____

MEDICATION TO BE GIVEN _____

REASON FOR TREATING _____

DOSE TO BE GIVEN _____ TIME(S) TO BE GIVEN _____

PARENT/GUARDIAN SIGNATURE _____

PARENT/GUARDIAN PRINT _____ DATE _____