DAVENPORT COMMUNITY SCHOOLS

HEALTH SERVICES
MEDICATION OVER-THE-COUNTER ADMINISTRATION CONSENT

School _____

To the Parent or Guardian:

The Davenport Community School Health Services Department does not normally administer or take any responsibility in the giving of medication to school children. If your child is on an over-the-counter medication please give it at home, alert the school nurse and document the time of dosing so they can watch for adverse side effects of the drug. However, if an over-the-counter medication needs to be given during school hours, **the school nurse must receive the medication in the original, sealed container that will be kept and left in the nurse's office** until the parent or nurse deem it unnecessary to continue administration. Please check expiration dates before sending the medication. The child's name will be placed on the medication container. No medication is kept at school over the summer.

This consent form is only effective for the current school year.

When it is necessary that my child be given medication during school hours, I hereby give my permission for certified school personnel to administer it. I take responsibility for any side effects that may occur and release all school personnel of any adverse responsibility regarding my child's health regarding this medication.

_____ _____ _____

Student's Name Birth date Parent / Guardian Signature

Date _____

Name of Medication _____

Label directions _____

Time to be given _____

Reason _____

RETURN THIS FORM TO THE STUDENT'S SCHOOL NURSE

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