CLOVER SCHOOL DISTRICT

GRADES 6-12

PARENT PERMISSION FOR STUDENT TO SELF ADMINISTER
OVER THE COUNTER MEDICINES

When possible, medications should be given to students before or after school by the parent/guardian to observe for adverse side effects. Any over-the-counter medicines for school usage must be in the original container and must have this form completed by the parent/guardian and on file in the health room. Please note that the school district retains the discretion to reject requests for certain medications to be taken at school**. Sharing of medication at school is against school policy and can result in disciplinary action.**

Student's Name_____ DOB_____Grade_____

TO BE COMPLETED PARENT/GUARDIAN

Medication:	Specific Reason:
Medication:	Specific Reason:
Medication:	Specific Reason:
Medication:	Specific Reason:

I give my child, _____ permission to carry the above stated medication(s). He/she is capable and reasonable to self-administer this medication(s).
I release Clover School District, its employees or agents, from any claims or suits related to administration of the medication(s) as prescribed.

Parent Signature: _____ Date: _____