



School District of Indian River County

6500 57th Street • Vero Beach, Florida, 32967 • Telephone: 772-564-3000 • Fax: 772-564-3054

For Over-the-Counter (OTC) Medication

(Middle School and High School Students ONLY)

Instructions: Please return this completed form to the school health room.

Student's Name _____ D.O.B. _____ ID# _____

School Name _____ Grade _____

Students Allergies _____

I grant permission to the principal or his/her designee to assist in the administration of this over-the-counter medication to my child while in school. I will supply the named medication in an unopened, original store-issued container. I understand that it is my responsibility to hand carry medication to the school health room. **(DO NOT send medication to school with your child.)** I understand that this agreement is valid until I terminate permission or until the end of the current school year. I understand that I will be notified when the medication is given. I understand that, according to F.S 1006.062, that there shall be no liability of civil damages as a result of the administration of the medication when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

***Reason for Medication:** _____

Mark only one box below. (No other medications have been approved.)

<input type="checkbox"/> Acetaminophen (Tylenol) Regular Strength	(One) 325mg (regular strength) tablet every 4 hours as needed.
<input type="checkbox"/> Acetaminophen (Tylenol) Regular Strength	(Two) 325mg (regular strength) tablets every 4 hours as needed.
<input type="checkbox"/> Acetaminophen (Tylenol) Extra Strength	(One) 500mg tablet every 4 hours as needed.

Parent/Guardian Name (*print*) _____ Date: _____

Parent/Guardian (Signature required) _____ Date: _____

Emergency Phone # _____ Home Phone # _____

Business Phone # _____ Cell Phone # _____

Physical Address _____

Medication request reviewed by Health Services RN or Health Department RN

RN Signature _____ **Date** _____