



PERMISSION FOR FDA-APPROVED OVER-THE-COUNTER TOPICAL SUBSTANCES

(Sunscreen, Insect repellent, medicated creams/lotions, etc.)

Student: _____ Date of Birth: _____

School: _____ Date form received by the school: _____

Grade: _____ Teacher: _____

Medication Policy Reminders:

1. Only FDA regulated over-the-counter topical substances may be authorized for use by a parent without a physician signature.
2. No medications will be administered to a student without written permission from parent or guardian.
3. New authorization is needed at the beginning of each school year and for each item.
4. All medications must be in the original container and appropriately labeled. School personnel will not administer unlabeled medications.
5. The parent or guardian must pick up unused medications. No products will be stored over the summer. Remaining products or contaminated medication will be disposed of properly at the conclusion of the school year.

To be completed by parent

I am requesting permission for my child named above to:

Use or receive the following over-the counter medications of FDA approved topical substance(s):

Medication/Topical substance: _____

Dosage: _____

Check one:

- Self-administer such medication(s) in the presence of an authorized staff member.
- Keep the medication in their possession and self-administer the medication(s) independently and as needed.

To be completed by parent/guardian

I request that the above named child receive the above medication at school according to standard school policy and for the physician staff and school staff to share information needed to assist my child with his/her health and medication needs. I assume responsibility for safe delivery of the medication to school. I will notify the school immediately if there is any change in the use of the medication or treatment. I release and agree to hold the Board of Education and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: _____

Relationship to Student: _____ **Date:** _____