

# Parent Permission to Dispense Medication

Occasionally youth will request or require medication while under our supervision. State law allows us to comply with this request if WRITTEN PERMISSION is provided by the parent/guardian.

**Over the Counter Medications:** The staff may administer Tylenol (acetaminophen), throat lozenges, cough medicine, or other over the counter medication to a young person experiencing minor discomfort due to headaches, toothaches, menstrual cramps, and/or minor cold symptoms (coughing, sore throat) if the parent/guardian completes the form below. Other over the counter medications may be dispensed only if the medication is 1) supplied by the parent/guardian, 2) accompanied by written parental permission, and 3) required by written order of a healthcare provider or physician.

**Prescription Medication:** Youth who require prescription medication must bring the medication in its original container and must have written parental permission.

**If your child is ill, please do not expose the other youth. Keep your child at home.**

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## Permission to Dispense Medication

\_\_\_\_\_  
Student Name (first/last)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Event Name

\_\_\_\_\_  
Date(s) of Event

List Current Medication: \_\_\_\_\_  
\_\_\_\_\_

List Medical Condition(s) requiring above medication: \_\_\_\_\_  
\_\_\_\_\_

I give permission for the staff to assist my child/ward by providing over the counter medication if requested and to assist with the prescription medication listed above. By signing this form I agree that I will not hold the staff responsible for any adverse reactions from the medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Date/Time	Medication/Prescription	Dosage	Administered By