



## COEUR D'ALENE CHARTER ACADEMY OVER-THE-COUNTER MEDICATION ADMINISTRATION AUTHORIZATION

For the protection of your child and the Academy, we ask that the following procedures be followed if your child needs to take medicine while at school:

- Parent or legal guardian must complete and sign the Over-the-Counter Medication Administration Authorization form and bring it with the medication in the original container with the student's name clearly visible on the package to the school office.
- The medication authorization must be delivered in person by the parent or legal guardian, not the student.
- The medication will be administered to the student and logged by the school office staff (or other authorized staff member).
- No medication of any kind may be retained by the student; including in their lockers or backpacks.

### AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION ADMINISTRATION

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Name of student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Print Parent/Guardian Name(s) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

1. \_\_\_\_\_  
Name of medication

2. \_\_\_\_\_  
How much medication should be given?

3. \_\_\_\_\_  
How often is medication to be given?

4. \_\_\_\_\_  
Reason medication is to be given?

5. \_\_\_\_\_  
Possible reactions to medication (symptoms, side effects, etc.)?

6. \_\_\_\_\_  
Physician's name & phone number

### PARENT/GUARDIAN REQUEST/APPROVAL

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*I certify that I am the parent or guardian of the above named student. I request and authorize school personnel to dispense the above named medication in accordance with the prescription, doctor's orders or as indicated above.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Medication picked up at end of school year. \_\_\_\_\_ (Parent initial) Date picked up: \_\_\_\_\_