ACBD-E1 - Kidder County School District

Over the Counter Medication Authorization Form

To be completed by the child's parent(s)/guardian(s). A new form must be completed every year, for each medication or change in dosage. *Please use a pen.*

- This form is for over the counter medication only! If your child has a prescription medication, please see the "Prescription Medication Authorization Form."
- Kidder County School will provide Tylenol and Ibuprofen for students.

Student's Name: _____ DOB: _____ Grade: _____

Teacher/Class Advisor _____

Parent(s)/Guardian(s) Name (Print) _____

Address: _____ City _____

Home Phone: _____ Cell Phone: _____

Email Address _____

Emergency Contact: _____

Home Phone: _____ **Cell Phone:** _____

Email Address: _____

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

Medication Name: _____ Dosage: _____

Parental or Guardian Consent Signature:

_____ **Date:** _____

Additional Comments:

_____

_____

_____

End of Kidder County School District Exhibit ACBD-E1