



CLOVER SCHOOL DISTRICT
GRADES 6-12
PARENT PERMISSION FOR STUDENT TO SELF-ADMINISTER OVER THE
COUNTER (OTC) MEDICATION AT SCHOOL

- Any over the counter (OTC) medicine(s) for school usage must be in the original packaging and must have this form completed by the parent/guardian and on file in the health room.
- OTC medication should only be taken as directed on the manufacturers packaging.
- Sharing of medication at school is against school policy and can result in disciplinary action.
- Please note that the school district retains the discretion to reject requests for certain medications to be taken at school.

Student's Name:	DOB:	
School:	Grade:	Teacher:
Medication Allergies (Please list):	Food Allergies (Please list):	
Medication:	Reason for medication:	
Medication:	Reason for medication:	
Medication:	Reason for medication:	
Medication:	Reason for medication:	

I give my student, _____ permission to carry the above stated medication(s). They are capable and responsible to self-administer this medication(s).

I release Clover School District, its employees or agents, from any claims or suits related to self-administered OTC medication.

Parent Signature _____ Date _____

Parent Daytime Phone Number _____