Upper Columbia Academy

Over the Counter (non-prescription) Medications

Parent/Guardian Request

Date _____

Student Name _____ _____ _____ _____ _____

Last First Middle Gender Grade Age Birth Date

I certify that I am the parent/legal guardian of the above-named student and request that my child be allowed to have the following non-prescription medications, including vitamins, on their person and/or in their dormitory room. My child knows the reasons that he/she should take these medications, the proper dosages, the administration schedule, and the potential side effects of the medications. He/she can take these medications independently and without supervision. I understand that we are responsible for supplying my child's medication and that we will bring it to school in the original labeled container.

Name of all Medications

This consent is for the period beginning _____ through _____ (not to exceed one school year).

_____

Parent/Legal Guardian's Signature Date

This portion is to be completed by the student

I understand that medications that I bring to school are for my personal use and may not be shared with other students. I will store the medications in a cupboard or drawer in my dorm room or in my backpack or locker. I know how and when to take the medications and the potential side effects of the medications. I understand that having medications is a privilege and a responsibility. I may lose this privilege if I act irresponsibly regarding the medications.

_____

Student's Signature Date