

LITCHFIELD SCHOOL DISTRICT  
SAU #27 – LITCHFIELD, NH 03052

Griffin Memorial School  
229 Charles Bancroft Highway  
603-424-5931

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CONSENT FOR OVER-THE-COUNTER MEDICATION AT SCHOOL

According to New Hampshire State regulations, non-prescription (over-the-counter) medications; i.e. Tylenol, Advil, and cold preparations, cannot be administered to elementary students without written authorization *from a physician and* from the parents and/or legal guardians. In order for the school nurse, or designee, to administer non-prescription medication to students, the following consent form must be completed, signed, and returned to the school nurse. A new consent to administer over-the-counter medications form must be completed each school year.

*Parents must complete and sign form. The completed, signed form and appropriate medications in their original containers must be returned to the Nurse's office by an adult.*

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PARENTAL/PHYSICIAN CONSENT FORM

*Student Name:* \_\_\_\_\_

*School:* \_\_\_\_\_ *Grade:* \_\_\_\_\_

*Medication:* \_\_\_\_\_

I authorize the **(School Name)** Nurse, designated administrator or staff member, to administer the medication(s) described below to our child in accordance with the dosage and instructions on the manufacturer's label. The medication must be delivered directly to the School Nurse, Principal or designated staff member by the parent or guardian, if possible, **in the original manufacturer container.**

I agree that by signing this request and "Hold Harmless" statement that I shall not hold liable any member of the school staff who is directed by me to assist my child in taking said medication.

Please feel free to contact the nurse at your child's school if you have any questions or concerns.

\_\_\_\_\_  
*Signature Parent or Legal Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Physician*  
*(see below for other qualified medical professionals that are*  
*authorized to sign this form)*

\_\_\_\_\_  
*Date*

*This consent form can be signed by an MD; Dentist; Nurse Practitioner (NP, FNP, PNP, APRN/PP); Certified Physician's Assistant or a provider with prescriptive practice.*