

LITCHFIELD SCHOOL DISTRICT
SAU #27 – LITCHFIELD, NH 03052

SCHOOL: CHS

Litchfield Middle School
19 McElwain Drive
603-424-2133

Campbell High School
1 Highlander Court
603-546-0300

CONSENT FOR OVER-THE-COUNTER MEDICATION AT SCHOOL

New Hampshire State regulations state that non-prescription (over-the-counter) medications; i.e. Tylenol, Advil, and cold preparations, cannot be administered to students without written authorization 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.

PARENTAL 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