OTC Medical Consent Form

ACCESS Programs: (Please check one)

North (Torrington) ☐

South (Danbury) ☐

The following permission slip gives permission for the school to administer certain medications to your child/children at the ACCESS program. These medications will be administered to relieve symptoms of pain or discomfort only. Students presenting with a fever will still be sent home at the discretion of the school administration.

I hereby give permission for_____to receive the following medications:

Acetaminophen (Tylenol) Ibuprofen (Advil) Antacid Benadryl

Tums Sudafed Neosporin or Mycitracin (Abrasions) Dramamine

Others (Please list): _____

as deemed necessary by the school administrator for the following school year_____

Signature of Parent/Legal Guardian: _____

Date Signed: _____

Medication/Dosage	Administered by	Date	Time

Students may be allowed to self-administer medications only when the health problem could be life threatening and there is a written order from a licensed physician or licensed dentist for the self-administration and with written authorization of the parent/guardian of the child requesting self-administration.

If child is to administer his/her own medications, please indicate that you feel the child is capable.

Physicians/Dentists Signature Date:

School Administrator's Signature Date:

Parent/Guardian Signature Date: