

# 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: