

Over-the-Counter (OTC) Medication Release and Authorization

**Over-the-counter medications include any medication readily bought at area pharmacies.*

**Non-prescription medication should be in the original container with label intact*

**An adult must bring the medication to the school.*

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by Bright School, I, the undersigned, hereby waive all claims which might arise from said medication to said minor child and the result thereof. I agree to indemnify and hold harmless Bright School, its members, officers and employees from any and all liability relative to the administration of such medication.

I understand that I must submit a revised statement and sign it if any information/conditions change. It is requested that the parent/ legal guardian sign below.

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.

NAME OF STUDENT: _____ DOB: _____

TEACHER: _____ GRADE: _____

NAME OF MEDICATION: _____

DOSAGE: (amount) _____

TIME TO BE GIVEN AT SCHOOL: _____

REASON OR HEALTH PROBLEM: _____

MEDICATION TO BE GIVEN FROM: _____ TO: _____

HOW IT IS TAKEN: _____

(Example: by mouth, by inhaler, with food or after meals)

PARENT'S/GUARDIAN SIGNATURE

DAYTIME PHONE