



**Diane M. Ziegler**  
Principal

**Chrys Harttraft, Ed.D.**  
Superintendent of Schools

**OVER-THE-COUNTER ADMINISTRATION PERMISSION**

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Allergies \_\_\_\_\_

I give the school nurse permission to administer the following medications to my child when needed. (Please write **yes** or **no** after each medication): This form will remain in effect for the time that the student is enrolled at SCVTHS. Please notify the nurse's office if there are any changes to the permission form.

Ibuprofen \_\_\_\_\_

Acetaminophen \_\_\_\_\_

Tums \_\_\_\_\_

I will notify the school nurse if for any reason my child should not take any of these medications in the future.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Per state guidelines, parents/guardians are encouraged to administer medication at home whenever possible. Medications should be administered in school only when necessary for the health and safety of the student.

If your child does require additional over-the-counter medication while in school, please obtain a medication order form from the scvths.org web site for your doctor to complete and for you to sign. The parent/guardian must provide the medication in the original container.