



THE PALOMA SCHOOL

OVER-THE-COUNTER MEDICATION CONSENT
FOR ADMINISTRATION DURING SCHOOL HOURS

(Includes anything not already listed on the Emergency Procedure Card)

As the parent/guardian of _____, _____,
(Last Name) (First Name)

a student of The Paloma School, I request school personnel to administer the following medicines according to these directions:

Name of Medicine: _____ Dosage: _____

Date(s) medication is to be given at school: _____

Time medication is to be given at school: _____

Condition for which medication is being taken: _____

Other comments: _____

____ ***I understand that the above-named medicine will need to be parent supplied
and brought to the school personally (school policy does not allow medication
to be transported via students).***

Signature of Parent/Guardian

Date