



PERIMETER SCHOOL
A Covenant Christian Community

**Over-the-Counter Medication Authorization and Consent Form
(PARENT MUST PROVIDE THE MEDICATION)**

I authorize Perimeter School to administer the following parent provided over-the-counter medications to my child.

Only medication provided by the parent will be administered.

Child's Name _____

Name of Medication _____

Dosage _____

Please send the medication along with this form into the elementary or middle school office in a container labeled with your child's name, the name of the medication, the amount to be given, and the times to be administered (or note "as needed" with the hours that are necessary between doses). The school nurse will keep the medication in a secure location and keep a record of medications given.

Add any additional information that you might want the school to know in the space below.

I release Perimeter School and any school employee from any liability for administering this medication.

Date _____ Parent Signature _____