



**Permission for Administration  
of Over-the-Counter (OTC) Medication  
for More Than Three Consecutive School Days**

**Instructions:** This form gives Northstar and Career Academy Staff permission to give an over-the-counter medication for more than three school days in a row, and/or a larger dose than what is recommended on the package/bottle. The Parent/Guardian must complete the top box, and the physician must complete the bottom box.

**THIS FORM MUST HAVE A DOCTOR'S SIGNATURE**

**To Be Completed by the Parent/Guardian**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_/\_\_\_/\_\_\_

**Allergies:** \_\_\_\_\_

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_,  
Parent/Guardian's Name Student's Name  
request that the school nurse, clinic attendant, or head of school's designee(s) administer the medication listed below to \_\_\_\_\_ during school hours. I  
Student's Name  
agree to furnish this medication in its **ORIGINAL, UNOPENED container** with the label intact, and the student's name marked clearly on the package. I understand and accept that Northstar Academy, its employees, agents, or designees are not responsible for any effects of the medication administered.

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

\_\_\_\_\_  
Date

**To Be Completed by the Physician**

I certify that, in my opinion, it is medically necessary for the medication listed below to be administered, as indicated below, to the above student during school hours, and that this medication may be administered by appropriately trained school personnel.

Diagnosis/Reason for medication: \_\_\_\_\_

Medication/Strength: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Frequency: \_\_\_\_\_

Duration: *(Choose one)*

This medication is for short term use (list dates to be given): \_\_\_\_\_

This permission form is valid for the duration of the current school year. \_\_\_\_\_

\_\_\_\_\_  
Licensed Prescriber Address/Phone:

\_\_\_\_\_  
Licensed Prescriber Name (Please Print)

\_\_\_\_\_  
Licensed Prescriber Signature

\_\_\_\_\_  
Date