

## AUTHORIZATION TO DISPENSE OTC MEDICATION

Family Last Name: \_\_\_\_\_  
(Please Print Legibly)

- **RCS MEDICATION POLICY:**
- RCS will not provide over-the-counter (OTC) medications for students' use. Students who have need of occasional medications such as Tylenol or other OTC medications, (allergy medications, antacids, etc.) MUST bring the medications to school in a NEW, UNWRAPPED, SEALED original container. The container/package must be labeled with the child's name. Dosage amounts will be determined by manufacturer's recommendations based on the child's weight, unless otherwise noted by the parent. (RCS will not dispense more than manufacturer's recommendations without written authorization from the child's physician.)
- OTC medicines may not be dispensed without a signed authorization form on file. RCS employees may not "borrow" medicine from someone else's box for your child at any time.
- OTC medicines are to be provided to the nurse in a "Space Maker" plastic box. These may be found at Target, Wal-Mart, etc.
- All students who must receive prescribed medications at school must have on file with the Health Services office a Request for Prescription Medication Administration form. No medication will be administered without this form on file.
- RCS employees will not administer herbal medications, home remedies, or dietary supplements unless accompanied by a doctor's note. Such medications must also come to school in labeled, original containers.

\_\_\_\_\_ I / We authorize any adult designated by Administration to dispense over-the-counter (OTC) medications to my child provided the medication has been supplied by me/us per RCS medication policy. I / we understand the OTC medications will be dispensed per manufacturer's dosage instructions according to my child(ren)'s weight.

\_\_\_\_\_ I / We understand that expired medication, herbal medications, home remedies or dietary supplements will not be dispensed without written authorization from my child's physician.

\_\_\_\_\_  
Student Name (Please Print Legibly)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name (Please Print Legibly)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name (Please Print Legibly)

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Student Name (Please Print Legibly)

\_\_\_\_\_  
Grade

DATE: \_\_\_\_\_ PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_

### WAIVER OF LIABILITY

I understand that this request is effective for the school year in which it is granted and must be renewed each subsequent school year.

I acknowledge that the school and its agents shall incur no liability as a result of harm or injury arising from the dispensing of OTC medications provided by me. Further, I acknowledge that the school and its agents shall incur no liability as a result of harm or injury arising from the dispensing of medication per written instructions from my child's physician. I hold harmless Rosehill Christian School and its employees or agents against any claims.

DATE: \_\_\_\_\_ PARENT / GUARDIAN SIGNATURE: \_\_\_\_\_