PARENTAL AUTHORIZATION AND RELEASE FORM FOR THE ADMINISTRATION OF VOLUNTARY SCHOOL STOCK OF OVER-THE-COUNTER MEDICATION TO STUDENTS

	/	/		/ /
Student's Name (Last), (First), (Middle)	Birthda	y S	School	Date
The district supplies the following nonprescription, over-the-counter medications that are listed below. Generic brands may be substituted, (select all that apply):				
•Acetaminophen administered per manu •Throat Lozenges administered per man				
•Other: administered per manufacturer label (Please Specify)				
•Other: administered per manufacturer label (Please Specify)				
Other: administered per manufacturer label (Please Specify)				
•Other: admin	istered per mani	ıfacturer l	abel (Please Sp	pecify)
Voluntary school stock of nonprescription guidelines:	on, over-the-cou	nter medic	cations are adm	inistered following these
•Parent has provided a signed, dated annual authorization to administer of the nonprescription, over-the-counter medication(s) listed according to the manufacturer instructions. Electronic signature meets the requirement of written signature.				
•The nonprescription, over-the-counter medication is in the original, labeled container and dispensed per the manufacturing label.				
•All other nonprescription, over-the-counter medication not listed will require a written parent authorization and supply for the over-the counter medication.				
•Supplements are not nonprescription, over-the-counter medications approved by the Federal Drug Administration and are NOT applicable.				
•Nonprescription, over-the-counter medications approved by the Federal Drug Administration that require emergency medical service (EMS) notification after administration are NOT applicable.				
•Persons administering nonprescription, over-the-counter medication include licensed health personnel working under the auspices of the school and individuals, whom licensed health personnel have delegated the				
administration of medication with valid certification who have successfully completed a medication administration course approved by the department and annual medication administration procedural skills check. o Districts stocking the administration of a voluntary stock of nonprescription, over-the-counter				
medications, collaborate with licensed health personnel to develop and adopt a protocol shared with the parent to define at a minimum:				
 when to contact the parent when a nonprescription medication, over the counter medication is administered; 				
 documentation of the administration of the nonprescription, over-the-counter medication and parent contact; 				
• a limit to the administration of a school's stock nonprescription, over-the-counter medications that would require a prescriber signature for further administration of a school's				
	individual healt			school year; ation administration or health
service delivery at school				
I request that the above-named student remedications supplied by the school in ac				
Parent Signature	-	Date		-
Parent/Guardian Address	_	Home Pl	none	
Approved: August 14, 2023	Reviewed:		Revised	:

OGDEN COMMUNITY SCHOOL DISTRICT BOARD OF DIRECTORS