

**BROOKFIELD PUBLIC SCHOOLS  
BROOKFIELD, CONNECTICUT**

**OVER THE COUNTER MEDICATION PERMISSION**

**Administration of non-prescription medications:** The following “over the counter medications” may be administered according to directions on the label. All medication must be dispensed from the original container. Medication cannot be given unless the Over the Counter Medication Permission form has been signed by the student’s parent/guardian annually.

**Over the counter medications:** Allergy eye drops, antihistamines, analgesic/antipyretics, cough medications, decongestants, products for dysmenorrhea, expectorants, products for lactose intolerance, migraine headaches and motion sickness medication.

If you want the school nurse to administer one of the above over the counter medications to your child, you must fill out this form and return it, along with the over the counter medication in its original container, to the school nurse.

This medication will be destroyed (per State regulation) if it not picked up by the last day of school.

**MEDICATION MUST BE DELIVERED TO THE SCHOOL NURSE BY AN ADULT**

NAME OF STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

MEDICATION TO BE GIVEN \_\_\_\_\_

REASON FOR TREATING \_\_\_\_\_

DOSE TO BE GIVEN \_\_\_\_\_ TIME(S) TO BE GIVEN \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN PRINT \_\_\_\_\_ DATE \_\_\_\_\_