

Neuse Charter School
Over-the-Counter Medication Form
Release of Liability

I, _____ the parent and/or legal guardian of _____, am requesting that school personnel administer over-the-counter medication to my child named above. Instructions for administration are outlined below. Realizing the importance of administering medication to my child as prescribed by me, child's parent or guardian, I do hereby agree to relieve designated school personnel of any liability from any potential ill effects as a result of their giving my child medication that I have provided. I have discussed this with my physician and/or legal counsel (lawyer) and realize its ramifications and thoroughly understand the meanings of these statements. I consent to disclose health or medical information regarding this over the counter medication if necessary. I understand that I may revoke this consent at any time, except to the extent action has been taken in reliance on it. **I understand the medication must be in a new unopened package. This consent is valid for one year from the date of this medication form.**

Name of medication/product:

Expiration date:

Amount to be given/applied:

Time to be given:

Special considerations/directions:

Name of medication/product:

Expiration date:

Amount to be given/applied:

Time to be given:

Special considerations/directions:

Parent/guardian:

Name Phone number

Parent/guardian:

Name Phone number

Other emergency contact in case parent cannot be reached:

Emergency contact:

Parent or Guardian's Signature

Date

Principal's Signature

Date