

Harvest Christian Academy
Permission to Carry OTC Meds at Secondary School



Secondary students may carry approved over-the-counter medications (Tylenol, ibuprofen, Midol, Tums, etc.) To do so, they need to:

1. Keep the medication in the original container.
2. Carry a written note from the parent/guardian naming the medication(s) and instruction for its use. The note should include: date, parent/guardian signature, and phone number. You may use the permission form below.
3. **DO NOT SHARE MEDICATION(S) with anyone!**

To carry **INHALERS, EPI-PENS, and DIABETIC SUPPLIES**, you must submit a Medication Self-Carry Agreement completed by the parent/guardian and doctor.

Students may NOT carry controlled substances at any time. All controlled substances, including behavior modification drugs, must be kept in the school clinic and administered by the school nurse. If your child requires this medication at school, please contact your nurse for the appropriate forms. Thank you.

-----Cut on this line and give below to student-----

Medication Permission Form

Date: _____

I, _____ (parent/guardian) give permission for _____ (student) to carry and take _____ (medication name). S/he may take _____ (quantity) every _____ hours, for the following symptoms _____

Start date: _____ End date: _____

(Note: Any OTC medication administered longer than 10 days may require a physician's written order.)

Please list all other medications s/he currently takes _____

I have discussed the following with my student:

- o Why, when, and how to take this medication.
- o The side effects of this medication.
- o The school's medication policy on NOT SHARING MEDICATION WITH OTHERS.

Parent/Guardian Signature: _____ Date: _____

Daytime Phone Number: _____