



The Meridian School

Authorization to Administer Over-the-Counter Medication

Student Name _____

Over-the-Counter Medication

Medication must be provided to The Meridian School in the original container with the label intact. Parents are asked to bring medications directly to the main office. ***Each OTC medication requires an Authorization to Administer Over-the-Counter Medication form.***

Name of medication _____

Dosage _____

Time(s) of day to be administered _____

Begin date _____ End date _____

Reason for medication to be given during school hours _____

Parent Authorization

I request and authorize that the above-named Meridian School student be administered the above-identified medication in accordance with the instructions indicated, as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials. Such medication may be administered by medically untrained school personnel.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name _____