



## THE MONTGOMERY ACADEMY

### Over-the-Counter (OTC) Medication Authorization and Information Form

*In order to assist your child with medication during school hours, this form must be completed and on file at the school.*

#### Student Information

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

Any known allergies/reactions: \_\_\_\_\_

**Over-the-Counter Medication(s):** \_\_\_\_\_

**For Treatment of:** \_\_\_\_\_

**Dose:** \_\_\_\_\_

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#### Parent Authorization and Release

I authorize school personnel as may be designated by the school nurse to assist my child in taking the above OTC medication.

I acknowledge that the OTC medication must be registered with the school nurse. It must be in a new, unopened container.

I hereby release The Montgomery Academy, its directors, officers, employees, and agents from any and all liability, of any nature and character, which may be alleged to arise out of or relating to assistance with the OTC medication described above, provided such is in substantial conformity with the above instructions.

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency or problems, please notify me at:

(H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

