

ROCHESTER COMMUNITY SCHOOLS
501 W. University
Rochester, MI 48307

AUTHORIZATION FOR STUDENT TO TAKE OVER-THE-COUNTER
MEDICATION IN SCHOOL WITH PARENT/GUARDIAN PERMISSION

Note: This form is to be used ONLY for over-the counter medication.

Student's Name: _____

My child, named above has my permission to take the medication listed below for the following purpose:

Medication: _____

Dosage: _____ From _____ to _____
(date) (date)

Signature of Parent / Guardian Date _____

Revised: 6/97
Revised: 1/20/03
Revised: