

## AUTHORIZATION TO CARRY OVER-THE-COUNTER MEDICATION

Complete this form to allow Elementary and Middle School Students to carry certain over-the-counter (OTC) medications. Elementary School students (grades K-5) may carry cough and throat lozenges. Middle School students (grades 6-8) may carry certain (OTC) medications: Tylenol, acetaminophen, Motrin, Advil, ibuprofen, Midol, aspirin, antacid, cough and throat lozenges and oral antihistamines. All prescription medication, cough and cold medication (except lozenges), antihistamines, and (OTC) medication not listed above shall be kept in the clinic. The student and parent/guardian will be responsible for the following:

- 1. Obtaining, reading and signing this written permission form before the student is allowed to carry the medication.
- 2. Ensuring the medication is in its original container and legibly labeled with the student's full name.
- 3. Reminding the student he/she is not permitted to give his/her medication to other students.
- 4. Ensuring that the School Nurse has a copy of this signed permission form on file in the clinic and the student carries a copy of the signed form with the medication.

Date:	
Student:	
Name of Medication:	
Education, the Cobb County School D claims, actions, suits, losses, costs, expandinistering such medication or became administering such medication. And, liability, suit or claims of whatever nativith this request. I accept legal respondent than the above named student.	rther agree to indemnify, hold harmless, or reimburse the Cobb County Board of istrict, its employees, agents, representatives, and all other officials, from any and all enses and liability in case of accident or any other mishap because of negligence in ause of side effects, illness or any other injury which might occur to my child through I hereby release said aforementioned board, district, employees and officials from any ture and kind, which might arise as a result of administering the medication in accord insibility for my child should the above medication be lost, given or taken by a person If this should happen, the privilege of carrying medication will be revoked. I further act and its employees of any legal responsibility when the above student administers
Date	Signature of Parent/Guardian
under any circumstances. I also under	ake the above named medication. I will not allow another student to take my medication stand that should another student take my medication, the privilege of carrying my own will be subject to the consequences specified in the code of conduct.
Date	Signature of Student
I have seen the above labeled med	lication bottle and have a copy of this permission form.
Date	Signature of School Nurse