

# Berlin Area School District Non-Prescription Permission Form



Today's Learners.  
Tomorrow's Leaders.

- Non-Prescription OTC (over-the-counter) medications must be **FDA approved** and may only be given to a student by a designated and appropriately trained employee.
- Medication administration must follow the manufacturer's printed label instructions.
- We require written consent of the student's parent or guardian in order to give this medication.
- **Non-Prescription medications must be supplied by the student's parent or guardian in the original manufacturer's package. The package must list the ingredients and recommended therapeutic dose\*.**
- **The medication must be labeled with the student's name and will be kept in the school's health office.**
- A medication may be shared by more than one family member from the same household; however, there must be a separate permission form for each child.

## STUDENT INFORMATION

Student Name			Date of Birth	Grade
District School Name			School Year	
<input type="checkbox"/> Clay Lamberton Elementary Fax: (920) 361-4352	<input type="checkbox"/> Berlin Middle School Fax: (920) 361-3379	<input type="checkbox"/> Berlin High School Fax: 920-361-2005		

My child has permission to take the following medication(s):

Medication Name	Dose	Route	Purpose
		<input type="checkbox"/> Oral <input type="checkbox"/> Topical	
		<input type="checkbox"/> Oral <input type="checkbox"/> Topical	
		<input type="checkbox"/> Oral <input type="checkbox"/> Topical	
		<input type="checkbox"/> Oral <input type="checkbox"/> Topical	
		<input type="checkbox"/> Oral <input type="checkbox"/> Topical	

## PARENT/GUARDIAN

*\*A child may be administered a non-prescription drug in a dosage other than the recommended therapeutic dose only with the written approval of the child's health care provider. If you request that your child take a dosage other than the recommended therapeutic dose, then you must have a prescription medication permission form completed by you and your child's health care provider. My signature below gives a BASD representative permission to follow the instructions on this form.*

Parent/Guardian Name (please print)	Relationship to Student
Parent/Guardian Signature	Date