Lake Station Community Schools
Over The Counter Medication Permission Form
Please use ink

Student Name:_____

Date of Birth:_____

Medication:_____

Dear Parent/Legal Guardian:

*Please note that **all** medication **must** be provided by the parent/legal guardian of the student and **must be provided in the original container** it was purchased in or it will **not** be given. Also, **any** deviation from the package directions **must** be accompanied by a letter from the prescribing physician with the medication name, prescribed dose, and frequency or it will **only** be given according to the package directions. A copy of this permission slip will need to be updated annually **for each OTC medication** according to the school year not calendar year. At the end of the year any medication not picked up by the parent/legal guardian, by the last day of school, will be destroyed. I will **not** release any medication to the student regardless of their age. I will let your child know when they are running low on medication and it will be their responsibility to notify you that the supply needs to be replenished. Any questions please contact me. I thank you for your cooperation and understanding.

Sincerely,

Jennifer Pavlinac RN, BSN
Director of Health Services
Lake Station Community Schools
962-8531 extension 4602
jpavlinac@lakes.k12.in.us

I,_____, the parent/legal guardian of the above named student of Lake Station Community Schools give my permission to give the OTC medication listed above according to the package directions. I have read and understand the directions in the above paragraph.

Parent Signature:_____ Date:_____