Salem
Lutheran School

Non-Prescription (Over-the-Counter) Medication Consent Form

Name of student: _____

Medication name: _____

Dosage: _____

Time to be given: _____

Length or Period to be given: _____

Reason(s) for taking medication: _____

_____

_____

Please check the following box if you grant permission for your child to Self-Administer this medication: ☐

Please note that Salem Lutheran School reserves the right to revoke or refuse a student the ability to self-administer medication.

I authorize this medication to be given to my son or daughter:

_____ _____

Signature of Parent or Legal Guardian Date