

ANSER CHARTER SCHOOL - Medication Authorization Form – OTC MEDICATIONS ONLY

This form must be completed and signed by a parent or guardian for any Anser student who needs over-the-counter (OTC) medication during the school day, field trips, or school-sponsored activities.

This form is for OTC medications ONLY. Prescription medications must be recorded on a separate Medication Authorization form. Return the completed form to the front office with the medication(s) in their original, properly labeled containers. Expired or improperly labeled medications will not be accepted.

Medications cannot be given without this form on file.

Student Information

Student Name	Crew Leader
Date of Birth (DOB)	Allergies

Parent / Guardian Information

Parent / Guardian #1

Name: _____
Phone: _____

Parent / Guardian #2

Name: _____
Phone: _____

Healthcare Provider Information

Physician / Healthcare Provider Name: _____
Phone: _____

Medication Information

Medication Name	Dosage	Time / Frequency

Medication Administration Requirements

Initials

____ Designated Anser staff are not nurses or physicians but will consult with the School RN if needed.
____ OTC medications must be age-appropriate and provided in the original manufacturer container.
____ All medications will be administered according to the manufacturer's label instructions.
____ Any dosing outside label instructions requires written authorization from a healthcare provider.

Authorization & Release

This form authorizes designated Anser Charter School staff to administer OTC medications as directed. Anser Charter School cannot assume liability for administering medications in accordance with the manufacturer's label.

Parent / Guardian Signature: _____ Date: _____

Received and verified by: _____ Date: _____

PRN

Daily

Temporary (end date: _____)