



**DaVinci  
Academy**  
of Arts+Science

## OVER THE COUNTER MEDICATION FORM

*Please note, a new form must be completed every school year for each child in the family.*

School Year: \_\_\_\_\_

Grade: \_\_\_\_\_ Student Name: \_\_\_\_\_

- Over the counter (OTC) medications are medications that do not require a prescription. This form must be signed, dated, and turned in to the Health Office before any OTC medications can be administered at school by the Health Office.
- *All OTC medications shall be provided by the parent/guardian and will be kept in the Health Office at all times.*
- All OTC medications sent to school must be in the original manufacturer's container with the label intact or the medication will not be accepted.

**Permission to administer the following OTC medication(s), provided from home:**

Medication	Directions for Use	Expiration Date

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_