



**TRI-CITY ELEMENTARY SCHOOL**  
**MEDICAL RELEASE FORM FOR**  
**NON-PRESCRIPTION / OVER THE COUNTER MEDICATION**

**PLEASE SEND MEDICINE TO SCHOOL IN ORIGINAL CONTAINER**

**Student Name** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_

<b>Name of drug</b>	<b>dosage</b>	<b>time to be given</b>	<b>duration</b>	<b>side effects</b>

I hereby request that my child receive from assigned school personnel the above medication(s) as directed.

The medication will be sent to school in an appropriately labeled bottle/container.

I will assume the responsibility of bringing the medication to school.

I will notify the school in writing if the medication is discontinued or a dosage change.

I understand that this consent is good for the current school year only and must be completed for each new school year.

Parent/Guardian signature \_\_\_\_\_

Phone \_\_\_\_\_

Date \_\_\_\_\_