Pelham School District
Parent's Request for Administering *OVER THE COUNTER* Medication at School

My child,_____, a student in the Pelham School District in Grade_____, requires over the counter medication during the school day. I hereby request that the School Nurse or some other staff member designated by the Principal, keep the medicine in his/her custody and assist my child in taking the same in accordance with the over the counter directions specified herein.

In making this request, we, the parents, agree that we will not hold liable the Pelham School District or any member of the school staff whose duty it is to assist our child in taking the over the counter medication, and further we agree to hold harmless and indemnify the Pelham School District and any such member of the school staff for any and all losses that may be occasioned as the result of assisting our child in taking such over the counter medication**.** I also give the School Nurse or Principal permission to confer with the physician, if necessary.

Medication: _____
Dosage:_____
Method of Taking: _____
Time Schedule to be observed: _____
Reason for giving Medication: _____
Other medications the student is currently taking:_____

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_____

Date:_____Signature of Parent: _____
Telephone: _____

All medications must be in the original medication container and accompanied by this signed form.

This consent is valid for one school year

Pelham Elementary School Fax#:603-635-8922
Pelham Middle School Fax#:603-635-2369
Pelham High School Fax#: 603-635-3994