Upper Columbia Academy Over-the-Counter Medications

| Parent/Guardian Request | | | | | | |
|--|---|--|--|----------------------------|----------------------------|---------------------------------|
| Date | | | | | | |
| Student Name | First | Middle | Condor | Crado | | Birth Date |
| LäSt | FIFSU | Middle | Gender | Grade | Age | Birin Dale |
| | I | Name of Medication(s) |) | | | |
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| certify that I am the parent/legal guardidentified non-prescription (over-the-countral he/she should take these medication medications. He/she is able to take these supplying the medication and that it will | inter) medications ins, the proper do: ie medications inc | on their person and/osages, the administrallependently and without | or in their dorm tion schedule, a out supervision. | itory room. and the pot | My child kr ential side | nows the reasons effects of the |
| This consent is for the period beginning | | through | | (no | t to exceed | one school year). |
| Parent/Legal Guardian's Signature | | | | | | Date |
| This portion is to be completed by | the Student | | | | | |
| understand that medications that | I hring to school | l are for my nercon | al use and ma | v not he s | hared wit | h other students |

I understand that medications that I bring to school are for my personal use and may not be shared with other students. I will store the medications in a cupboard or drawer in my dorm room or in my backpack or locker. I know how and when to take the medications and the potential side effects of the medications. I understand that having medications is a privilege and a responsibility. I may lose this privilege if I act irresponsibly in regard to the medications.

Student's Signature Date