

PORTLAND CHRISTIAN SCHOOL
Permission Form for Over-the-Counter (OTC) Medication

Student Name: _____ Grade: _____

Date of Birth: _____ School Year: _____

Allergies: _____

Parental Consent

I give my permission for my child to take the following over-the-counter medication (see below) at school.

I hereby acknowledge that I have read and understand Portland Christian Schools requirements for distribution of medication to students. I hereby release Portland Christian School and its employees from any claims or liabilities connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

 Name of Parent/Guardian (please print) Signature of Parent/Guardian Date

**Over the counter medications can be given no more than 3 consecutive days without a physician's order.

***One medication per form.

Name of Medication	Dose	Reason	Time to be given	Date Given (completed by PCS)	Time Given (completed by PCS)

TO BE COMPLETED BY SCHOOL PERSONNEL	
Form received by: _____	Date Form Received: _____
School Year: _____	