

Over-the-Counter Medication Form

St. Mark Lutheran School • 1515 Hillendahl, Houston, TX 77055
713-468-1492 FAX 713-468-6735 Extended Care 713-468-2729
www.stmarkhouston.org



Return this form
when necessary –
make copies as
needed

DATE: _____

I am requesting and hereby give permission to school personnel to give the following medication during school hours to my child named below in order to maintain my child's physical health and support school performance. To my knowledge, my child has no allergy to this medication.

Child's Name

Parent's Signature

Telephone Number

Name of Medication

Dosage

Frequency (how often to be given)



IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

The medication listed above must be supplied by the parent/guardian and must be in the original manufacturer's container with an original label containing dosage instructions. Please do not send OTC medications in baggies or other containers.

