



Hartfield Academy

OTC Medication Authorization Request & Consent Form Grades 6th-12th

Turn in this form ONLY if sending over the counter medication to school for disbursement
All medication must be brought to the High School office in its ORIGINAL container.

Student's Name: _____ Grade: _____

Name of Medication: _____

Dosage: _____

For treatment of (condition): _____

To the Parents/Guardians:

All medications must be stored in the school office and will be dispensed by school personnel. I authorize Hartfield Academy officials to dispense the above described medication, as directed, to my child. I hereby release Hartfield Academy and its personnel of any liability associated with the dispensation of the medication. All instructions given above are correct.

Parent/Guardian Signature: _____ Date: _____