



2025-2026 Consent For Long-Term Over-the-Counter Medication

Because this form must be signed by your child's physician, it must be printed out and filled in by hand rather than submitted electronically.

I hereby request and authorize the Geshher Jewish Day School personnel to administer over-the-counter medication for longer than 10 school days to _____ (name of student) as directed by my child's physician. I agree to release, indemnify, and hold harmless the Geshher Jewish Day School staff members, or agents, from lawsuit, claim, demand, or action, etc. that may be brought against them for administering over-the-counter medication to this student at our request.

All over-the-counter medication must be in the original container and labeled with the child's name, exact dosage to be given at school, and frequency of administration. All medication will be stored in a locked area only accessible to authorized school personnel. **THE FIRST DOSE OF ANY NEW MEDICATION MUST BE GIVEN AT HOME.** A new form must be submitted if there is a change in dosage or time the medication is to be administered.

Parent/Guardian Signature

Date

PHYSICIAN STATEMENT

Child's Name: _____

Name of Over-the-Counter Medicine: _____

Dosage to be Administered at School: _____

Time(s) or Interval between Times to be Given: _____

Start Date: _____ End Date: _____

Reason for Medication: _____

Physician Name: _____

Physician Signature

Date