



**Over-the-Counter Medication Administration Form**  
**The Rockefeller University**  
**Child and Family Center**

The parent/guardian of \_\_\_\_\_ asks that the CFC Staff give the following **over-the-counter** medication \_\_\_\_\_ at the following time(s) \_\_\_\_\_ starting on the date of \_\_\_\_\_.

The purpose of the medication is for \_\_\_\_\_.

The CFC Staff agree to administer the over-the-counter medication. It is the parent/guardian's responsibility to supply the medication and to pick up expired or unused medication.

By signing this document, I... :

- give permission for the CFC Staff to administer the above medication on the designated date(s) and time(s).
- understand that I must provide the medication, label it with my child's name, and the medication must be packaged in its original container.
- understand that if my child is receiving more than one medication, I must sign a separate consent for each one.

Parent/legal guardian's name: \_\_\_\_\_

Parent/legal guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_