

OVER-THE-COUNTER (OTC) MEDICATION ADMINISTRATION AUTHORIZATION FORM
Over-the-Counter Medications

Student's Name _____ DOB _____

Who lives with parent/guardian at _____

In Nashua, New Hampshire 0306__

Teacher/Advisor _____ School _____ Grade _____

Legal Reference:

ED 311.03i(1), Physical Examination of Students

Legal References Disclaimer: These references are not intended to be considered part of this policy, nor should they be taken as a comprehensive statement of the legal basis for the Board to enact this policy, nor as a complete recitation of related legal authority. Instead, they are provided as additional resources for those interested in the subject matter of the policy.

Board Approved: 05/28/2024