

Permission for Non-Prescription Medication
(Administered by School Personnel)

Name of Student _____ Date of Birth _____

Teacher _____ Grade _____ Allergies _____

Name of Medication #1 _____ Dose to be given _____
(dose cannot exceed recommended dose on container)

Time to be given _____ How often to be given _____

Reason for medication _____

Start date _____ End Date _____

Name of Medication #2 _____ Dose to be given _____
(dose cannot exceed recommended dose on container)

Time to be given _____ How often to be given _____

Reason for medication _____

Start date _____ End Date _____

Parent Permission

I hereby give my permission for _____ to be given the above non-prescription medications at school as ordered.

I understand that it is my responsibility to bring the above medication to school in the original container.

I understand that any school employee, who administers the medications in accordance with written instructions provided on this form, shall not be held liable for damages as a result of any adverse medication reaction suffered by the student.

Printed name of Parent/Guardian _____ **Date** _____

Signature of Parent/Guardian _____

NOTE:

1. Each medication is to be brought to school in the original container.
2. The medication needs to have the students name on the container.
3. No medication is to be delivered or picked up from the school by a student. The parent or guardian is responsible for delivering and pick up any medications from the school to due to liability issues.
4. A signed form is required to administer medication at school.

Approved 9/12/2011