



PARENT'S NON-PRESCRIPTION MEDICATION REQUEST FORM

Student's Name: _____ Teachers Name & Grade: _____

As parent or legal guardian of the above named student, my signature authorizes school personnel to administer the non-prescription /over-the-counter medication listed below. Over-the-counter medication will be administered according to package directions unless otherwise directed by a physician as noted on physicians request form. I understand that a trained staff member administering the medication might not be a health professional. My signature further indicates that I agree to:

1. Deliver the medication to the building principal or office secretary in the container in which it was dispensed in its original container.
2. Notify the building principal in writing if the medication, dosage, procedure or any information is changed or is to be eliminated.
3. If requested discuss with school officials the effect of the medication or procedure given at school.
4. Release any claims against the Board of Education or its employees arising from the administration of medication in accordance with this request.

PARENT'S STATEMENT

I have read the above statements and agree to them.

Parent's Signature: _____ Date: _____

PRINCIPAL'S STATEMENT

Principal's Signature: _____ Date: _____

I assign the administration of the medication to:

(School Secretary, Principal, Teacher, Office Aid)

Name of counter medication

Dates medication to be taken & dosage