



Authorization for Nonprescription Medication or Treatment

To the Parent/Guardian:

The following information is necessary for any student to use nonprescription medications in school. All spaces must be completed.

_____ student's name

_____ address

_____ school

_____ grade

A. I am requesting permission for my child named above to use or receive the following over-the-counter (OTC) medication(s):

_____ medication

_____ reason for medication

_____ dosage

Please select only one of the options below:

- Have medication(s) administered by a Designated District Employee.
- Self-administer such medication(s) in the presence of a Designated District Employee.

Option 3 below is for secondary students only.

- Keep the medication(s) in his/her possession and self-administer the medication(s) as needed.

B. I will assume responsibility for safe delivery of the medication to school in its original container.

C. I will notify the school immediately if there is any change in the use of the medication or treatment.

D. Our physician has instructed that this medication should be administered in the above-designated dosage.

E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

F. I will call the school office and send a written note if my child is taken off this medication. I will retrieve the medication within three (3) days. I understand the medication may be disposed of after three days.

As the parent/legal guardian of the student listed on this form, my signature signifies that the information provided is accurate and current to the best of my knowledge.

_____ parent's/guardian's printed name

_____ parent's/guardian's signature

_____ date

phones with area codes:

_____ home

_____ mobile

_____ work

_____ work extension