

Authorization for NONPRESCRIPTION medication

Name of Student _____ Date of Birth _____ Grade _____

Medication _____ Dose _____
(only one medication per form)

Purpose of medication and why it is needed during school hours _____

Special instructions _____

Has this medication ever been given to your child? YES NO

****District policy does not allow school personnel to give the first dose of any medication.**

****Medication cannot be given until reviewed by the School Nurse.**

Guidelines for medication administration:

- Medications may be given for a specific, time-limited minor illness or for intermittent medical conditions.
- The medication must be provided by parent/guardian in its original container and cannot be expired.
- The medication will only be given per bottle or package directions.
- The medication must be administered from the nurse's office. **Students may not carry the medication.**
- Only this signed consent form is acceptable.

I hereby give my permission for _____ to take the above non-prescription medication at school. I certify that one dose of the above medication has been given and that there was not an adverse reaction from it. I release the school district and personnel from any liability for damages as a result of an adverse reaction to this medication or because of a mislabeled or altered product. I also acknowledge that the school bears no responsibility for ensuring the medication is administered.

- Medication allergies _____
- Current medications _____
- Possible side effects of medication _____

Signature of Parent _____ **Date** _____

Nursing Review _____
School Nurse Signature _____ Date _____

Comments:

