



# Guidance & Health Services

## Parent's Statement for Administration of Non-Prescription Medication

Student's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I am requesting that the following medication be administered during school hours as specified below in order to maintain my child's physical health and support school performance.

**NAME OF MEDICATION** \_\_\_\_\_ **DOSAGE** \_\_\_\_\_

**TIME** \_\_\_\_\_ **FREQUENCY OF USE** \_\_\_\_\_

- Tablet                       Liquid                       Drops
- Capsule                       Inhalation                       Ointment
- Other (specify) \_\_\_\_\_

Condition for which medication is requested \_\_\_\_\_

Additional information related to this request \_\_\_\_\_

If there is evidence of a reaction to this medication, please contact me according to the information below or as indicated on my child's emergency procedure card on file at school.

I hereby grant permission for the school nurse or other school personnel to administer medication to my child according to the statement given above.

Parent/Guardian Name (Please Print) \_\_\_\_\_

Signature of Parent/Guardian (Original) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_



### Important Information for Parents/Guardians:

The medication listed above must be supplied by the parent/guardian and must be in the original manufacturer's container with an original label containing dosage instructions.

