

Non-prescription Medication Form

1. Please complete this form and return it to school with a small bottle of non-prescription medication that is unopened.
2. The school will not give medication that is not recommended for children of that age nor will the school give more than the recommended dosage on the bottle without a physician's written prescription.
3. The school must have this completed form for your child to receive non-prescription medication in school or the medication must be given by you or a person designated by you.
4. This form will need to be completed at the start of each new school year and when a medication is changed.
- 5. The school does not supply medication of any kind.**

Student name _____ Grade _____

Medication name _____ Dosage _____

Symptoms to give medication _____

Medication should be given every _____ hours if symptoms persist.

I hereby request school personnel to supervise the administration of the medication for my child named above. It is understood that the school is administering medication to my child gratuitously and in reliance on my request and the dosage is safe. Accordingly, I assume all responsibility regarding this matter and hereby release the school, its personnel, and governing bodies from any and all liabilities as to injuries or ill effects of any kind, which may be caused.

Parent signature _____ Date _____

Parents: If you wish for nonprescription medication to be sent home with your student at the end of the school year, please initial. _____

Staff Member receiving medication _____

For school year _____