

PARENT'S REQUEST FOR THE ADMINISTRATION OF **NON-PRESCRIPTION** MEDICATION AT SCHOOL

To be completed by parent/guardian:

I request the school nurse, building principal, or designee to administer the **non-prescription** medication named below to my child. I will hold the school personnel harmless for the administration of the medication described below because they are not legally obligated to administer medication to my child.

**Student's Name:** \_\_\_\_\_

**Student's School:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_

**Dosage to be administered:** \_\_\_\_\_

**Times or intervals at which each dose should be given:** \_\_\_\_\_

**Reason for medication:** \_\_\_\_\_

Date administration is to begin: \_\_\_\_\_

Date administration is to end: \_\_\_\_\_

Name and phone number of the physician to be called in case of an emergency:

\_\_\_\_\_

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\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Parent/Guardian

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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To be completed by School Personnel:

Nurse's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's signature: \_\_\_\_\_

Date: \_\_\_\_\_

Designee's signature: \_\_\_\_\_

Date: \_\_\_\_\_