

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

The medication should be in the ORIGINAL container in which it was purchased and labeled with your child's name.

To be completed by parent or 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:

Signature of Parent/Guardian

Date

Address of Parent/Guardian

Home Phone

Work Phone

To be completed by School Personnel:

Nurse's signature: _____ Date: _____

Principal's signature: _____ Date: _____

Designee's signature: _____ Date: _____