

PERMISSION FOR NON-PRESCRIPTION MEDICATION*

Child's Name/DOB	Grade	Date		

- The school nurse must have this **completed form** before medication will be given at school.
- An **adult** must bring the medication to school.
- Medication must be in the original **manufacturer's container**. Loose medication in plastic bags will not be accepted.
- The school nurse must approve and administer the **first dose** of any medication given at school.
- The school nurse may delegate administration of subsequent doses to another school staff member.
- All medicine must be **kept in the nurse's office**.

I give permission for the medication below to be given to my child at school by the school nurse or her designee.

Medication _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason medication is being given _____

Signature of Parent or Guardian _____

Date Received _____ Signature of School Nurse _____

non-prescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary