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*