

**NON-PRESCRIPTION MEDICATION
PARENT PERMISSION FORM**

Student Name _____ Date _____

Name of Medication _____ Dosage to be given _____

Time Medication is to be given _____

What is medication being given for? _____

Any special directions or comments? _____

If medication is being given when child has a specific complaint (EXAMPLE: headache) how many hours apart should dosage be given _____

I hereby grant the designated school personnel permission to administer the above named medication to the above named child according to my directions.

Parent/Guardian Signature _____ Date _____

- _____
- All medication must be in original container with a label, child's name and a child guard cap.
 - All medication dosages and times to be given must correspond to directions on the container. (EXAMPLE: no Extra Strength Tylenol or adult cough syrup to a child under the age of 12)
 - The medication and permission form shall be left with the office personnel at the start of the day.
 - Parents/Guardians will assume the medication is administered per request unless the designated personnel or school nurse notifies them by phone or note that the medication was not given and reason why.
 - Parents/Guardians are encouraged to pick up any unused medication as soon as possible after the child has completed taking it. At the end of the school year any medication that has not been picked up by the parent/guardian will be destroyed.