

NON – PRESCRIPTION MEDICATION FORM

The school realized that due to various illnesses or allergies, students may need non-prescription medication from time to time. The following procedure will be followed regarding the non-prescription medication.

1. This form will be kept on file, granting permission to administer the medication.
2. When medication is needed, send the medication to the school in its original container with a note indicating the time it is to be given and the dosage the child is to receive.
3. The medicine will be kept in the clinic office and dispensed by the school nurse, when available, or designated employee.
4. A signed and dated note must accompany the medication each time the student needs the medication.

If there are any questions, please call the school office at 419-492-1035.

I _____,
authorize the school to give non-prescription medications, such as, Tylenol, allergy medications, etc., to my child _____.
during the 2015-2016 school year.

I will send a signed note with the medicine to the office indicating the dosage and the time the medicine is too given.

Signature

Date