

NON-PRESCRIPTION MEDICATION FORM

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

1. This form will be kept on file, granting permission to administer the medication.
2. When medication is needed, send the medicine 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 office and dispensed by the secretary or school nurse if available.
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 at 419-492-1022

I _____, authorize the school to give
non-prescription medications (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 to be given.

Signature

date