

AUTHORIZATION FOR NONPRESCRIPTION DRUG PRODUCTS OR TREATMENT
(ELEMENTARY VERSION)

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIPTION DRUG PRODUCTS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student	Date of Birth
Address	School
City, State, Zip	Grade

A. I am requesting permission for my child named above to: (Check one or both)

_____ use or receive the following nonprescription drug products***

Medication: _____
(The container must be the original manufacturer's package and the package must list in a legible format the ingredients and recommended dose.)

Dosage: _____
(School personnel may administer a nonprescription drug product to a student in a dosage other than the recommended therapeutic dose only if the request to do so is accompanied by the written approval of the pupil's practitioner.)

_____ self-administer such medication(s) in the presence of an authorized staff member

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. Our physician has instructed that this medication should be administered in the above designated dosage.

E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian

Date

Home Telephone

Work Telephone

*** Nonprescription drug products include cough drops that contain active ingredients. These cough drops must be handled in the same manner as aspirin, Advil and Tylenol. If the cough drops contain only sugar, water and some menthol, the procedures for handling nonprescription drug products are not required.

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above-nonprescribed medication(s)/treatment(s): _____

Principal

1/10/11
4/26/23