



**Authorization for Administration of
Non-prescription Medications at School**
This form expires at the end of the current school year

Student: _____ Date of Birth: _____

School: _____

Parent/Guardian(s): _____ Phone Number: _____

Medication Name	Dosage	Route	Frequency and Time

Form of Medication: <input type="checkbox"/> Tablet/Capsule <input type="checkbox"/> Liquid <input type="checkbox"/> Topical <input type="checkbox"/> Other:
Special instructions/storage requirements:
Reason for giving:

PARENT/GUARDIAN AUTHORIZATION

Non-prescription drug products may be administered to any student during school hours only with the prior written consent of the parent. Such documentation shall be kept on file in the school office. Substances that are not FDA approved (i.e., natural products, food supplements) will not be administered by District staff. Non-prescription drugs that are provided by the parent may be administered by school staff only if the non-prescription drugs are supplied in the original manufacturer's package which lists the ingredients, recommended therapeutic dosage in a legible format, and the student's name. Any dosage of non-prescription medication other than that listed on the medication packaging must be authorized in writing by a medical practitioner.

- As this student's parent/guardian, I give permission for my child to receive the above non-prescription medication during school hours or during after-school activities, for school personnel to share this information and if necessary, contact our physician. I understand and agree that when school personnel administer medications to my child as indicated above, I will not hold the personnel and school district liable for any criminal action or for civil damages. *Reference Act #157, Public Act of 1971, effective 11/24/1971, Section 378.*
- I agree to provide the medication my child needs in the original labeled container with the protective seal intact. Medication must NOT be expired. *(Medications not meeting the above guidelines will not be administered and will be returned).*
- All medications must be picked up by a parent or legal guardian within one (1) week following the student's last day of classes. Any medication not collected within this timeframe will be disposed of in accordance with applicable laws and school district policy.
- I understand that cough medications containing pseudoephedrine **will not be administered.**
- I understand that my written permission must be on file before any non-prescription medication will be administered.
- I understand that a separate authorization form must be completed for each medication that will be administered throughout the school day.

Parent/Guardian Signature

Date