

**PARENTAL REQUEST FOR DISPENSING
NON-PRESCRIPTION (OVER-THE-COUNTER) DRUGS
BY SCHOOL PERSONNEL**

(Required each school year and at any change of medication.)

To prevent the misuse of drugs, it is necessary to give permission for the use of non-prescription (over-the-counter) medications in the schools.

I am the parent/guardian of _____

Grade _____ Home Room _____

The following non-prescription medication may be given to my child:

Medication _____ Time _____ Dosage _____

Date of first dose _____ Number of days to be given _____

Under what condition(s) _____

<p>Please note:</p> <ul style="list-style-type: none"> • The medication will not be given unless this information is complete. • A record of the medication dispensed to the student will be kept by the school nurse/secretary • The medication must be brought in the original container properly labeled. • Student's name must be clearly visible on the container. • Non-prescription (over-the-counter) medications are not to be kept by the student.

I request school personnel to administer the medication as instructed and agree to (1) deliver the medications to the school in the original container and (2) notify the school if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for this medication. I agree to hold school employees and the Board of Education free from all responsibility for results of such medication.

_____	_____	_____
Date	Signature of Parent/Guardian	Emergency Phone
_____	_____	_____
Date	Nurse's Signature	
_____	_____	_____
Date	Principal's Signature	
_____	_____	_____
Date	Signature of Designated School Official	

MEDICATION RECORD

Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials
Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials	Date	Time	Initials