

PORTAGE AREA SCHOOL DISTRICT
AUTHORIZATION FOR
NON-PRESCRIPTION MEDICATION DURING SCHOOL HOURS

_____ must receive the following
NON-PRESCRIPTION medication during school hours:

**NAME OF NON-PRESCRIPTION
MEDICATION** _____

**TIME
SCHEDULE** _____

DOSAGE _____

**REASON FOR
ADMINISTRATION** _____

I hereby release, discharge and hold harmless the Portage Area School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or other reaction from the medication.

Signatures of Parents or Guardians

Date

Telephone