

NON-PRESCRIPTION MEDICATION
PARENTAL CONSENT

Name of Student: _____

School Name: _____ Grade/Teacher: _____

Parent/Guardian Name (*print*): _____

Home Phone: _____ Work Phone: _____

Medication Name: _____

Directions: Dosage (amount) of Medication: _____

Time or Frequency to be given: _____

Reason for Medication: _____

Possible Side Effects: _____

Termination Date: _____

It is understood that the medication must be brought in the unopened, original container and that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. The undersigned understands that the student will self-administer the medication with the assistance of designated school staff and declares that the student is competent to do so. The undersigned assumes full responsibility for any side effects or complications his/her child may have as a result of taking this medication, and is responsible for informing the school of any changes.

I hereby give my permission for my child to take the above non-prescription medication. I understand that it is my responsibility to furnish this medication.

Signature of Parent/Guardian _____
Date