

PARENT'S AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION

I do hereby authorize the school principal, teacher or other school employee designated by the principal, to administer the non-prescription medication described below to my child, _____
_____ in the dosage and at the frequency indicated below.

Name of Medication: _____

Dosage: _____

Frequency: _____

I further understand that I will be responsible for supplying this medication to the school in the original labeled container as purchased over the counter to properly identify same.

Date

Parent/Guardian Signature

Telephone

Address

PLEASE NOTE:

The Physician's Statement and the Parent's Authorization are valid only for the current school year. **Unless the authorization and statement are renewed, the medication cannot be given to the student.**

TO BE PLACED IN LOCKED STORAGE AREA WITH THE NON-PRESCRIPTION MEDICATION