



## NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

This form is to be completed and signed by the parent/guardian authorizing medication to be given to the student during school hours. This form must be completed for non-prescription medications and returned to the school before the medicine can be given. All non-prescription medication must be in the original container and labelled with the child's name. If any changes occur during the school year, a new form must be completed and returned to school. This form is good for one school year.

*Parent Permission Section (to be completed by parent/guardian)*

Student \_\_\_\_\_ DOB \_\_\_\_\_ Gender \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

The first dose of medication should always be given at home in case of an adverse reaction.

We are required by law to maintain the privacy of your medical records. This privacy practice is adopted to ensure that the staff at Maryville City Schools protects your privacy. We consider it our duty to prevent unlawful disclosure of your medical records. Except as otherwise permitted or required by law, we will not use or disclose your health records without your written authorization.

Please check the over-the-counter/non-prescription medication listed below that the school nurse may administer to your child according to the manufacturer's recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent and as an *accommodation*. Please check with the school nurse to see which medications are available for students in the school clinic and which medications you will need to supply. The school is not able to supply medication for frequent or daily use.

\_\_\_\_ Acetaminophen/Tylenol    \_\_\_\_ Antacids/Tums    \_\_\_\_ Antibiotic/Bacitracin ointment  
\_\_\_\_ Benadryl/Diphenhydramine    \_\_\_\_ Cough drops    \_\_\_\_ Hydrocortisone cream 1%  
\_\_\_\_ Ibuprofen/Motrin

Other Medication: \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_

Allergies \_\_\_\_\_

If given as needed, describe/list indicators: \_\_\_\_\_

Possible side effects \_\_\_\_\_

I, hereby, on behalf of myself, my child, and my child's other parent and legal guardian(s), assume all risk of harm and injury relating to or arising from prescription medication given to my child at school or in school related activities pursuant to this authorization. I hereby agree to indemnify and hold harmless the Maryville Board of Education, its employees and agents, ("Indemnified Parties") from any and all claims, causes of action, damages or liabilities ("Claims") arising from or relating to the self-administration of medication by my child at school, including but not limited to, reasonable attorney's fees and costs incurred by the Indemnified Parties in defense of any Claims. I understand that this authorization shall be renewed annually.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_