

**GREATER JASPER CONSOLIDATED SCHOOLS**  
**NON-PRESCRIPTION MEDICATION PERMISSION FORM**

Student \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Reason for Medication \_\_\_\_\_

\_\_\_\_\_

This student requires the administration of a non-prescription medication during school hours.

The medication should be administered as follows:

<b>Medication</b>	<b>Exact Dosage</b>	<b>Time to be given</b>	<b>Stop Date</b>
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1. \_\_\_\_\_

2. \_\_\_\_\_

Parent Authorization for Medication:

I hereby authorize school personnel to observe \_\_\_\_\_ taking the above medications during school hours as specified and in accordance with the medication's written instructions. I understand that any medication can only be administered as defined in the Student Medication Guideline and Procedures of the Greater Jasper Consolidated Schools.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

*\*Note: No medication will be given without all above instructions fully completed.*