

**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 Little Nest hours. This form must be completed for non-prescription medication and returned to the Maryville’s Little Nest Director or Assistant Director before the medicine can be given.

Please check the over-the counter/non-prescription medication listed below that the Little Nest staff may administer to your child according to the manufacturers’ recommended dosage. It is understood that the medication (if available) is administered solely at the request of the parent as an accommodation. Little Nest is not able to supply medication for frequent or daily use.

\_\_\_\_\_Diaper Rash Cream

\_\_\_\_\_Sunscreen

\_\_\_\_\_Antibiotic Ointment

I, hereby, on behalf of myself, my child, and my child’s other parent/legal guardian(s), assume all risk of harm or injury relating to or arising from non-prescription medication given to my child pursuant to this authorization. I hereby agree to indemnify and hold harmless Maryville City Schools, Maryville’s Little Nest, its employees and agents (Indemnified Parties) from any and all claims, cause of action, damages, or liabilities (“claims”) arising from or related to the administration of non-prescription medication to my child, including , but not limited to, reasonable attorney 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 \_\_\_\_\_