



School Year: _____

CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

Parents of students requesting that non-prescription medication be administered during school hours by school staff are required to provide for the school: (1) a parental release and (2) medication in the original container.

STUDENT NAME _____

GRADE _____ **TEACHER** _____

**CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION
BY SCHOOL PERSONNEL**

Medication _____ ICD-10 _____

Dosage and time of administration _____

Purpose or condition for which prescribed _____

Remarks _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request that the above medication/treatment be administered to my child. I understand I must provide medication in the original bottle, properly labeled by the manufacturer. I release school personnel from any liability in relation to the administration of this medication or treatment at school.

Parent/Guardian Signature _____ **Date** _____