

Approved 1/28/04

**INSTRUCTIONS/CONSENT FOR ADMINISTERING  
NON-PRESCRIPTION MEDICATION**

Dear Parent/Guardian:

If it is necessary for school personnel to administer non-prescription medication to your child at school, please complete and sign this form. A designated school staff member shall supervise the taking of the medication. It shall be given at the time conforming with the indicated dosage schedule. Thank you.

\_\_\_\_\_  
Building Principal

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Parent/Guardian Instruction/Consent for Giving Medication at School

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

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

Name of Medication \_\_\_\_\_

Instructions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby grant permission for the above named school to supervise the medication routine prescribed herein for the above named child.

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