

## Parental Permission for Administration of Non-prescription Medication

I hereby give my permission for

Name of Student \_\_\_\_\_

In Grade \_\_\_\_\_ at \_\_\_\_\_

To take:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Directions \_\_\_\_\_

\_\_\_\_\_

Reason for Giving \_\_\_\_\_

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

Date \_\_\_\_\_

**No non-prescription medication will be given at school until the school receives this complete form with the medication in its original container.**

Signature of School Nurse \_\_\_\_\_

Date received \_\_\_\_\_