



AUTHORIZATION FOR NON-PRESCRIPTION DRUGS

Date: _____

Grade: _____

I/We, the parent(s)/guardian(s) of _____ request, authorize and give written permission to the school nurse or building administrators to administer the medication below in accordance with the instructions provided. We agree to notify the school of any change in circumstances concerning the administration of this medication.

MEDICATION: _____

DOSAGE: _____

FREQUENCY: _____

FOR SYMPTOMS OF: _____

Signature: _____

Address: _____

Home Phone: _____ Work Phone: _____

Emergency Name & Number: _____

Permission Form for _____ Medication Route _____

Given:

Date	# of Tablets	Time	Signature