



Parent Authorization of Non-prescribed (Over-the-Counter) Medication

Valley View has allowed over-the-counter medications to be taken at school with the nurse. Medications can help keep your child in school, feeling better, and ready to learn. If you would like for your child to take medication to relieve their symptoms, please complete the following form:

Name of Student: _____

Address of Student: _____

Name of School: _____

Student's Grade: _____ Teacher: _____ DOB: _____

My child may take the following medication at school (mark all that are applicable). The directions on the bottle will determine dosage of each medication. This authorization will be in effect for the current school year only unless revoked in writing by the parent/guardian. **A new form must be signed each year. All medication not listed below is to be supplied by the parent, unopened, and in the original package.**

_____ Acetaminophen: (Tylenol) _____ Antacids: (Tums/ Pepto-Bismol) _____ Ibuprofen: (Advil)

_____ Cold Medicine: (Sinus Pain & Pressure) _____ Cramp medication: (Midol/Pamprin/PMS Relief)

_____ Allergy or Allergic RX: (Benadryl /Claritin/Zyrtec) _____ Nausea (Dramamine)

We (I) understand that the administration of this medication is to be done under the supervision of the school nurse or designated non-medical personnel, assigned by the administrators. Further, we (I) understand that the school personnel are not legally obligated to administer any medication to a child and therefore we (I) agree to release and waive all claims against the School District and its employees from any and all bodily injury or death resulting from such medication or the manner in which it is administered. Further, we (I) will notify the school immediately if we (I) change medication or terminate the use of this medication for any reason.

Parent / Guardian Signature: _____ Date: _____

Primary phone: _____ Email: _____

In Accordance with **Board Policy 5330**, students are **NOT** permitted to carry, self-administer, or distribute/sell any type of over-the-counter medication. If you wish to have any other non-prescribed medication given at school, please list it below and provide the Nurse's Clinic with an unopened supply of the medication.

PARENT SUPPLIED: _____

NOTES: _____

*Please note : If your child takes medication more than 10x in a school year, you will be asked to supply a personal bottle for your child