

ISD 318 School Health Services
Authorization for Administering OTC (Non-prescription) Medication
School Year: 2026-2027

Student: _____ Grade: _____ School: _____

Medication (include dosage): _____

Reason and time to give dose: _____

Plan for parent contact: _____

- Medication(s) will only be given with written parent permission and/or written physician orders from your Healthcare Provider.
- All medication(s) must come to school in the original pharmacy container, not baggies, envelopes, etc. Parents are asked to bring medication to the school office. Medication(s) SHOULD NOT be sent to school with the student.
- Whenever possible, medication should be given at home instead of school.
- All medication will be administered by an authorized adult.
- Please notify the nurse if there are any changes made in the medication to be given (dosage change, discontinuation, hold, etc.)
- I release the school personnel from any liability in relation to this request when the medication is given as ordered. I understand the school is rendering a service and does not assume any responsibility for this matter. I understand that a school nurse or designated person will administer the medication.
- Please notify the nurse of all medication your child is taking even if they are taking it at home. This is important in case of an emergency.

Parent Signature: _____ Date: _____

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Resilience, Readiness, Excellence