



Berkley School District
Non-Prescription Medication Consent Form
(Over-the-Counter Medication)

(Please print)

Student Name _____ Date of Birth _____ Age _____

Teacher _____ Grade _____ Room # _____

Nonprescription drugs are **not** available in our schools. These must be sent in by a parent/guardian with this signed consent form in order for us to administer this non-prescription medication to your child.

Name of Medication	Dosage (tsp, tablet, etc) tablet)	Approximate Time of Dosage	Side Effects

Parent/Guardian

I hereby give my permission to designated school personnel to give medication to my child according to the above written instructions.

I further agree to hold the Berkley School District and all employees harmless in any and all claims arising from the administration of this medication in school.

I agree to notify the school **in writing** when any change in the above is necessary.

Parent/Guardian Name _____ Date _____

Signature of Parent/Legal Guardian _____

Address _____ Phone _____

Return this form to your school office when complete.