



Carbon Lehigh Intermediate Unit #21
AUTHORIZATION FOR NON-PRESCRIBED MEDICATION
DURING SCHOOL HOURS

The following student may receive the non-prescribed medication listed below during school hours in order to maintain sufficient health to participate in the school program:

NAME OF STUDENT _____

NAME OF MEDICATION *(check all that apply)*

- ☐ Acetaminophen (generic Tylenol)
- ☐ Ibuprofen (generic Advil)
- ☐ Antihistamine (for allergic reactions)
- ☐ First aid cream
- ☐ Vaseline
- ☐ Caladryl
- ☐ Throat lozenges
- ☐ Maalox and equivalent antacids
- ☐ Other: _____

ALL MEDICATION WILL BE GIVEN AT STAFF DISCRETION AS PER MANUFACTURER'S RECOMMENDED TIME AND DOSAGE, UNLESS OTHER INSTRUCTIONS ARE NOTED BELOW:

I do hereby release, discharge, and hold harmless the Carbon Lehigh Intermediate Unit, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication.

I have read and agree to the above medication policy:

Signature of Parent/Guardian Date

Building