



# Non-Prescription Medication (Parental Consent)

Name of Student \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Grade \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian Name (PRINT) \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Medication Name \_\_\_\_\_

Directions: Dosage (amount) of medication \_\_\_\_\_

Time or Frequency to be given \_\_\_\_\_

Reason for medication \_\_\_\_\_

Termination date \_\_\_\_\_ Possible Side effects \_\_\_\_\_

It is understood that the medication must be brought in the unopened, original container and that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. The undersigned understands that the student will self-administer the medication with the assistance of designated school staff and declares that the student is competent to do so. The undersigned assumes full responsibility for any side effects or complications his/her child may have as a result of taking this medication, and is responsible for informing the school of any changes.

I hereby give my permission for my child to take the above non-prescription medication. I understand that it is my responsibility to furnish this medication.

Signature (Parent/Guardian) \_\_\_\_\_ Today's Date \_\_\_\_\_