

Non-Prescription

Blachly School District -Authorization for Administration of Non-Prescription Medication at School

Name of Student _____ Date of Birth _____

- Parents: Please review the information on the back of this form.
- Parents must provide all medication in the original, labeled container.
- Specific instructions from parents are required for students to receive or self-administer non-prescription medications.
- Dose and frequency may not exceed instructions on medication label.

Name of Medication (one medication per form) _____

Start Date _____ End Date _____

Dose (How much?) _____

If medication is to be given "as needed":

Specific reason to give medication (for example "toothache") _____

How often may medication be given? Every _____ hours.

Maximum number of times during the school day? _____

If the medication is to be given at a specific time(s):

What time(s)? _____

Route -circle one: Mouth Ear Eye Nose Skin Other: _____

Any special instructions? _____

- Check one: School staff to secure and administer medication to student.
 Student to carry and self-administer medication.

I am giving school personnel permission to administer, or to allow self-administration of, medication to my child per the instructions above. I understand parents must pick up all unused medication by the last day of school and that any medication that is not picked up will be destroyed.

Date _____ Signature of Parent or Guardian _____

For use by school staff for self-administration requests: All requests for student self-administration of prescription or non-prescription medication must be approved by the Superintendent or Principal.

Date _____ Signature of Superintendent or Principal _____