

**PARENTAL REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION**

**Date:** \_\_\_\_\_ **School:** \_\_\_\_\_

**Name:** \_\_\_\_\_ is in need of medication during school. I hereby give permission to school staff, designated by the principal, to administer the below listed medication (one medication per sheet). It is my understanding medication will be administered under the general supervision of a district designated health care professional. **Parent/Guardian Initials** \_\_\_\_\_

**Name of Medication:** \_\_\_\_\_ **Reason for Medication:** \_\_\_\_\_

**Dosage:** \_\_\_\_\_ **Time of Administration:** \_\_\_\_\_

**How to be Given (i.e. with water, with food):** \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Clinic:** \_\_\_\_\_

**Physician Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Phone Number:** \_\_\_\_\_

**Parent/Guardian Initials**

\_\_\_\_\_I give permission for the school staff, including the district designated health care professional, to contact my child's physician with any concerns regarding medication administrations.

\_\_\_\_\_I give the school staff, including the district designated health care professional, permission to call me with any concerns regarding medication administration.

\_\_\_\_\_I will notify the school in writing at the termination of request for medication administration, or of any change in directions of administration. In the event I revoke consent for medication administration or experience a discontinuance due to physician orders, I understand a new Parental Request for Administration of Medications would need to be completed and signed by the physician to reinitiate this request.

\_\_\_\_\_All non-prescription medication will be supplied in its original manufactured container. The medication is to be delivered to the school office by a parent or parent designated adult.

I understand that no medication will be administered by the school without full compliance of the above stated terms and conditions.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**