

USD 311 Permission for Non-Prescription Medication

I hereby give my permission for (student name) to be administered the following medications by a school official, upon student request:

- Acetaminophen (Tylenol)
- Over-the-counter cough drops
- Ibuprophen
- Vitamin C

I understand that any school employee who administers any nonprescription medication pursuant to parental written request to my student in accordance with written instruction from the physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.