

**USD 252 – SOUTHERN LYON COUNTY  
PERMISSION FOR NONPRESCRIPTION MEDICATION**

<b>NAME OF STUDENT:</b>	
<b>SCHOOL:</b>	<b>BIRTHDATE:</b>
<b>MEDICATION:</b>	<b>DOSAGE:</b>
<b>SCHOOL YEAR:</b>	

I hereby give my permission for \_\_\_\_\_ to take the above medication at school as ordered. I understand that it is my responsibility to furnish his medication. I further understand that any school employee who administers the nonprescription medication pursuant to parental written request to my child in accordance with written instructions shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

**NOTE: All medication is to be brought to school in the original container, appropriately labeled with student's name on it.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

Revised 7/14