

PARENTAL REQUEST FOR DISPENSING

NON-PRESCRIPTION (OVER-THE-COUNTER) DRUGS BY SCHOOL PERSONNEL

****NOTE:** Please send in medication with this form.

(Required before medication can be dispensed each school year and at any change of medication)

To prevent the misuse of drugs, it is necessary to give permission for the use of non-prescription (over-the-counter) medications in schools.

I am the parent/guardian of: _____

THE FOLLOWING NON-PRESCRIPTION MEDICATION MAY BE GIVEN TO MY STUDENT:

Medication: _____ Time: _____ Dosage: _____

Date of first dose: ____/____/____ Number of days to be given: _____

Under what condition(s): _____

PLEASE NOTE:

- Medication will not be given unless this information is complete.
- A record of the medication dispensed to the student will be kept by the school.
- The medication must be brought in the original container and properly labeled.
- Student's name must be clearly visible on the container.
- Non-prescription (over-the-counter) medications are not to be kept by the student.

Date Signature of Parent/Guardian Phone

Date rec'd Signature of designated school official