

ADMINISTERING NON-PRESCRIPTION MEDICATION TO STUDENTS

LIBERTY UNION - THURSTON SCHOOL FORM

To: School Nurse
Re: Administration of Non-prescription Medication

I, \_\_\_\_\_ (printed parent/ guardian name), do hereby give my consent for my child, \_\_\_\_\_ (first & last name), grade, \_\_\_\_\_, date of birth, \_\_\_\_\_, to receive the following medication at school, administered by the designated staff.

NAME OF MEDICATION: (Please use a new form for each medication.) \_\_\_\_\_

DOSAGE: (Dosage must be within recommended dosage instructions on package label for age and weight. Medication must be current as to expiration date.)

MEDICATION IS TO BE ADMINISTERED AT THE FOLLOWING TIMES: \_\_\_\_\_

FOR THE FOLLOWING LENGTH OF TIME: \_\_\_\_\_

REASON FOR THE MEDICATION: (Type of illness, condition): \_\_\_\_\_

I understand that this medicine must be sent to school in a fully labeled container, the original labeled container from the store or pharmacy. I also understand that this medicine must be delivered to the nurses' office by me and that medicines may not be carried to school by students or placed in backpacks or lunch boxes. I understand that I must notify the nurse in writing if any of the above information changes.

SIGNATURE: (Parent / Guardian) \_\_\_\_\_

Date: \_\_\_\_\_ Daytime phone number: \_\_\_\_\_

Each school year a new form must be completed for each medication.

[Adoption date: July 14, 2008]