

## **Permission for School Administration of**

### **Non-Prescription Medication**

Non-prescription medications are medicines that you can buy without a written prescription. Non-prescription medications are sometimes called “over –the-counter” medicines.

In order for a child to be given non-prescription medicines at school, the child’s parent/guardian must sign a permission form. A permission form for non-prescription medicines is provided on the next page. Schools may have special rules for non-prescription medicines and may require parents or guardian to sign additional forms. The dosing instructions on the packaging will be followed. If your child requires a dose greater or less than the recommendations on the packaging you will need to obtain a prescription medication form that is completed and signed by your child’s physician.

A responsible adult should deliver the medicine and the permission form to the school. The medicine must be in the original unopened container along with the dosing instructions.



Permission for School Administration of Non-Prescription Medication

School Year: \_\_\_\_\_

For school use only:

- Routine
PRN (As needed)

Start Date: \_\_\_\_\_

When possible, medications should be administered by the parent/guardian before or after school hours. Over the counter medications may only be given within the limits and according to the instructions printed on the container or the package insert.

Please complete a separate form for each medication to be administered at school. If the medication is to be given to more than one of your children, please complete a separate for each child.

Child's Name

Date of Birth

Name of School Child Attends

Grade

Is child allergic to any food, medicines, or other items? No Yes (List allergies.)

Form with fields for: Name of medication to be given at school; Reason for medication; Amount of medication to be given; Time Medication to be given at school; Note any special storage requirements; Estimated number of days medication will be given at school; Does your child take any other medications at home or at school?

Form with fields for: Child's Health Care Provider's Name and Address (please print); Office Telephone Number; Office Fax Number

I give permission for the medication noted above to be given to my child during the school day. I give permission for the school nurse or school administrator to contact the healthcare provider named above to discuss this medication and my child's health.

Signature of Parent/Guardian

Date

Print or Type Name of Parent/Guardian

Day Telephone Number