

# Non-Prescription Medication Form

I hereby request and give my permission to the school nurse or designee to administer the following medication to my child:

Child's name \_\_\_\_\_

Name of drug necessary at school \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_

at the following times \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

Date \_\_\_\_\_

**\*\*Please provide the needed drug in a labeled container. Any medication remaining at the end of the school year needs to be picked up by the parent. Thank you.**

**(CIRCLE CHOICE)**

I also give my permission to the school to administer if requested by the child named above.

**Cough Drops**

YES

NO

**Tums**

YES

NO

\_\_\_\_\_  
Parent/Guardian signature: **(Must sign)**