

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.**

AND / OR (CIRCLE ONE)

I also give my permission to the school to administer **cough drops and/or Tums** if requested by the child named above.

YES

NO

Parent/Guardian signature: **(Must sign)** _____