

**PARENTAL REQUEST FOR DISPENSING PRESCRIPTION/NON-
PRESCRIPTION MEDICATION BY APPOINTED SCHOOL PERSONNEL**

It has come to our attention, that it will be necessary for your child to receive medication during school hours. Please sign the permission request below. This permission will allow a designated staff member to administer the named medication. **The medication must come in the original container with the student's name and the prescription/non-prescription instructions.**

The undersigned parent or legal guardian of _____

Grade _____, hereby requests and authorizes the administration of _____ acetaminophen
_____ ibuprofen or any other non-prescription/prescription medications, please specify
_____.

Dosage to be given: _____

Time to be given: _____

Reason for medication: _____

I give permission for my child to receive medication during school hours. I understand that the medication will be administered as directed by an appointed school personnel, as there is no nurse available. *All* medications will be kept in the office. A physician may request that a student carry his or her medication because of a life or death situation. These medications would include inhaler, epipens or insulin.

Parent/Guardian Signature: _____ Date: _____

Additional Comments:

**The bottle will be sent home with your child when it is empty, but the student may not return the bottle with medication. The parent or designated adult will need to bring the medication to the office.