



**CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION**

Parents of students requesting that medication or a medical treatment be administered during school hours by school staff are required to provide for the school: (1) a parental release and (2) medication in the original container.

**STUDENT NAME** \_\_\_\_\_

**GRADE** \_\_\_\_\_ **TEACHER** \_\_\_\_\_

**CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION  
BY SCHOOL PERSONNEL**

Medication \_\_\_\_\_

Dosage and time of administration \_\_\_\_\_

Purpose or condition for which prescribed \_\_\_\_\_

Remarks \_\_\_\_\_

**PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION**

I request that the above medication/treatment be administered to my child as prescribed by the physician. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time and directions for administration. I release school personnel from any liability in relation to the administration of this medication or treatment at school.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_