

**NON-PRESCRIPTION MEDICATION
PARENTAL CONSENT**

Name of Student: _____

School Name _____ Grade _____

Phone (Work) _____

Parent/Guardian Name (Print) _____ Phone (Home) _____

Medication Name: _____

Directions for Administration including dosage and time; _____

Purpose for Medication: _____

Termination Date: _____ Possible Side Effects: _____

Name of Physician _____

Physician's Phone Number: _____

It is understood that the medication must be brought in the unopened, original container and that the medication is administered solely at the request of and as an accommodation to the undersigned parent/guardian. The undersigned understands that the student will self-administer the medication with the assistance of designated school staff and declares that the student is competent to do so. The undersigned parent/guardian assumes full responsibility for any side effects or complications his/her child may have as a result of taking this medication, and is responsible for informing the school of any changes.

I hereby give my permission for my child to take the above non-prescription medication. I understand that it is my responsibility to furnish this medication.

Signature of Parent/Guardian

Date: