NON-PRESCRIPTION MEDICATION

Completed by Parent/Guardian

_____

Child's Last Name First MI Age Date of Birth

Arena Union Elementary_____

School Principal Teacher Grade

If you, the Parent/Guardian decide it necessary for your child to receive non-prescription medication during the school day, the approval and specific direction must be provided to the school. It is recommended the first doses of medication be administered at home.
This is a service or accommodation, which the school is not legally required to perform . It is recognized by all parties signing this form and is so signing, they agree to hold the district, its officers, employees or agents, harmless from all liability, suits, claims of whatever nature or kind which might arise out of these arrangements. **Parent/guardian must provide the following:**

1. **A written statement** requesting assistance with the medication with explicit instructions to administer it. Detailing the method, amount and times the medication is to be taken.
2. **The medication** to be administered must be in its original container. The school does not provide or sell over the counter medication of any kind to students. It is the parent/guardian's responsibility to provide the medication.

*****Middle school students may carry a <u>one-day</u> supply of over the counter medication** when it does not require either refrigeration or security. ***

Do you wish your child to receive **non-prescription medication** at school?
☐ YES ☐ NO

I hereby give my permission for the nurse of school personnel to administer medication during the school day to my child.

_____ _____

Parent or Guardian Signature Date

Name of **non-prescription medication**:_____

Date of order:_____ Dosage: _____

Administration method:_____

Time and circumstance of administration at school: _____

The school should be aware of the following possible side effect: _____