

## **Authorization/Permission for Administration of Non-Prescription Medication**

Student Name			Birth Date	·		
Medications and health car administered when the fol 1. Parent signed, dated au 2. Medication/equipment 3. Annual renewal of auth parent, and changes.	lowing are of thorization/pedelivered to s	on file at the sc ermission giver school by the p	<b>hool:</b> n to admini p <b>arent</b> in tl	ster the medicati ne <b>original pack</b>	on/procedure. aging	be
Medication/procedure shal Medication/equipment wil			ated staff a	and a record main	ntained.	
Please administer the follo	wing to the a	bove named str	udent:			
Please check one or both	Tylenol	Ibuprofen	Other _			
	As neede	d or every	hour	s		
Route Dose	Tiı	me given at school		Discontinue date	re-eval date	
Reason for medication/procedure						
Anticipated reaction/possible side effect	S					
I request the above pupil be glaw provides that there shall where the person administeri same similar circumstances.	be no liability ng the medica	for civil damage tion/procedure a k up remaining n	e while in so es as a resul cts as an or nedication o	chool and school r t of the administra dinarily reasonable	tion of medication/procedu e, prudent person would un	ure
Parent Signature		D	ate			
Parent Address	V	Vork Phone	H	ome Phone	Cell Phone	