Health Services Non- Prescribed Medications

Parent Authorization of Non-prescribed (Over-the-Counter) Medication

Medications can help keep students in school and feeling better and ready to learn. We have allowed for there to be over the counter medications in the school, if you would like for your student to be able to take medication to relieve their headache or runny nose please fill out the following form.

Name of Student:	·	<u> </u>
Address of Student:		
Name of School:		
Student's Grade:	Teacher:	DOB:
on the bottle will determine dosage of	f each medication. To writing by the pare	ark all that are applicable). The directions This authorization will be in effect for the ent/guardian. All medication is to be I package.
Acetaminophen: (Tylenol)	Antacids: (T	l'ums/Pepto-Bismol / Imodium)
Ibuprofen: (Advil/Motrin)	Cold Medici	ine: (Sinus and cold)
Cramp medication: (Midol)	Allergy, or A	Allergic reactions: (Benadryl /Claritin)
waive all claims against the School or death resulting from such medic	designated non-mederstand that the sation to a child and District and its emeation or the mann liately if we (I) chai	edical personnel, assigned by the school personnel are not legally of the school personnel are not legally of the series and apployees from any and all bodily injury ner in which it is administered. Further nge medication or terminate the use of
		condary Phone:
In Accordance with Board Policy 53 distribute/sell any type of Over-the-	330, Students are no Counter medication	ot permitted to carry, self-administer, or