



School Year: _____

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: _____

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. I understand I must provide medication in the original bottle, properly labeled by the manufacturer. I release school personnel from any liability in relation to the administration of this medication or treatment at school.

Parent/Guardian Signature: _____ Date: _____