

Non-prescription Medication Form Policy #6.74

Parent Permission for
Administration of Non-prescription Medication

(To be returned to the School Nurse)

I hereby give my permission for:

Name of Student: _____

in grade _____ at the Stamford Elementary School to take:

Medication: _____ Dosage: _____

Directions: _____

Reasons for Giving Medication: _____

Parent's/Guardian's Signature

Date

No non-prescription medication will be given at school until the school receives this completed form with the medication provided in its original container.

All medicine brought into the school must be kept in the School Office during school hours.

Date Received: _____

Signature of School Nurse: _____