

**AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT**

\*A separate medication form is required for each prescription and non-prescription medication administered.

Name: _____	DOB: _____
Student address: _____	
School: _____	Grade: _____ HR Class: _____
Medication Name: _____ Dose: _____	
Dosage Time/s: _____	Reason for Medication: _____
Start date: _____	Stop date: _____
Special Instructions: _____	
_____	

- A. **THIS MEDICATION MUST BE BROUGHT TO SCHOOL IN THE ORIGINAL, UNOPENED BOTTLE PROVIDED FROM HOME. THE SCHOOL WILL NOT HAVE ANY TO ADMINISTER IF YOU DO NOT BRING YOUR OWN MEDICATION IN!**
- B. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- C. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

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Signature of Parent	Date
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Home Telephone

Work Telephone