

NON-PRESCRIPTION MEDICATION AUTHORIZATION

*Parent must fill out this form to request the administration of
non-prescription medication during school hours.*

CHILD'S NAME _____ **GRADE:** _____

<i>Product</i>	<i>Dosage/Usage</i>	<i>Instruction</i>

**** PLEASE NOTE:** Parents are expected to provide all specified items if their use is required during school hours. Products must be in the original packaging/containers and clearly labeled with the child's name. Expired products will not be administered at any time.

I authorize _____ to use the following non-prescription products on my child according to either the written instructions I provided above, the manufacturer's instructions, or physician-provided instructions. As long as the products are used per these terms, I will not hold the above provider responsible for any injury incurred by these products.

PARENT'S SIGNATURE

DATE

AN ANNUAL UPDATE IS REQUIRED FOR THIS FORM