NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

This form is to be completed and signed by the parent/guardian authorizing medication to be given to the child during school hours. This form must be completed for **NON-PRESCRIPTION** medications and returned to the school before the medication can be given. All medication must be in its original container and must be labeled with the child's name. If any changes occur during the school year, a new form must be completed and returned to the school. A separate form is required for each individual medication. **This form is good for one school year**.

	The foll	owing section is to be o	completed by	the parent/guardian:		
	Student		-	Date of Birth		
hysician Name a	and Phone #					
llergies and/or S	Special Conditions or Nee	eds				
request that	t authorized nerson	ıs assist my child in ta	akina the follo	nvina medication wh	ille at school	
request trut	i www.recupersor	is ussest my chia in the	iking ine jou	wing medicular with	ate we serioon	
Medication	Dose/	Amount Tin	nount Time/Frequency to be Given		Symptoms for Med to be Giv	
Parent/Guardian Signature		Date		Home Phone	Emergency Phone	
School staff docu	ment below when medica	ntion is given.				
Date	Time	Signature	Date	Time	Signature	

Date	Time	Signature	Date	Time	Signature
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