



**Request for Administration of Non-Prescription
Medication by school personnel**

Note: All medication must be sent to the school in original packaging and not sent in other containers or bags.

Name of Drug: _____

Dosage to be given: _____

Any specific instructions for dispensing: _____

Possible side effects: _____

I request and give permission for school personnel to dispense the above medication per listed directions to my child. I acknowledge that in signing this form the school and its personnel are under no obligation to render assistance in administering the medication and thereby release all designated employees from liability for damages or injury from either performing or not performing assistance required.

I have read and understand the guidelines for administering medication at school.

Child's name _____ **grade/teacher** _____

Parent signaure _____ **date:** _____