



Parental Non-Prescription Medication Request Form

Student Name: _____ Grade: _____

As a parent or legal guardian of the above named child, I am requesting that he/she be administered an over-the-counter medication while at school.

1. I have provided written instructions below as to the proper use this medication of this medication.
2. I understand that my child is not permitted to possess or carry any over-the-counter medication on his/her person or in her/her belongings. All medication must be turned in to the office.
3. I have written the duration for which this medication should be administered and will pick up the remainder at the end of that period of time.

Dates medication is to be given: _____

Name of the over-the-counter medication:

Parent's signature: _____

Date signed: _____