

## Medication Administration Form for Non-Prescription Medication

The Parent/Guardian of \_\_\_\_\_ requests that the school nurse or designated staff member give the following medication \_\_\_\_\_ during school hours according to instructions on this form.

The school agrees to administer non-prescription medication as requested by the parent. It is the parent's responsibility to provide medication as needed. If medication is required on a regular basis a note from the doctor may be required by the School Nurse. When required, the parent agrees to pick up the medication within one week of notification by school staff or it will be disposed of.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Medication (name, route, dose) \_\_\_\_\_

To be given at the following time at school: \_\_\_\_\_

Purpose of the medication: \_\_\_\_\_

Additional instructions: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Preferred contact method: \_\_\_\_\_

\*May be contacted prior to medication administration if no time is designated on this form.  
(Ex: tylenol/motrin for a headache.)

By signing this document I give the school nurse or designated support staff permission to administer this medication as needed.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date