

DO NOT RETURN THIS FORM TO SCHOOL UNLESS THE SECTIONS BELOW ARE COMPLETED AS INDICATED.

Parent/Guardian Approval for Administering Non-Prescription Medication to Students

1. Student Name: _____ Home School: _____
Student Address: _____ Program: _____
2. Name of Drug: _____ Dosage: _____
3. Time(s): _____ Interval(s): _____ each dosage is to be administered.
4. Date for administering drug to begin: ____ / ____ / ____
Date for administering drug to end: ____ / ____ / ____
5. Are there any severe adverse reactions that should be reported to a physician? _____
If yes, please explain _____

Upon arrival at school, any student taking non-prescription medication **must** turn in any and all such medication to the attendance office along with written parent/guardian permission note.

Parent/Guardian Approval: I authorize the Mid-East Career and Technology Centers to administer the above medication to my son/daughter as indicated.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization

Prior to administering medication at school, the attendance office secretary **must** have the non-prescription medication in the container in which it was dispensed, along with this completed form signed by the parent/guardian.

Parent/Guardian's Signature

Date

Home Telephone

Work Telephone

Parent/Guardian Mobile Number/E-mail Address