

BRIGHT LOCAL SCHOOL DISTRICT
PARENT REQUEST FOR NONPRESCRIPTION MEDICATION

***Parent or guardian must complete all blanks and sign this form.**

*This form must be on file in the clinic before school personnel may administer non-prescription medication. *No student may carry over-the-counter medications.

*A separate form is required for each non-prescription medication.

*No student may provide non-prescription medication to another student. Students violating this will be disciplined according to the drug use provision of the student code of conduct.

***All medications must be delivered to school in the original, unopened container by an adult.**

*Aspirin cannot be administered without a physician's request because of its association with Reye's Syndrome.

*All over-the-counter (nonprescription) medications recommend consulting your physician for proper dosing- school personnel will not be held liable for improper dosing by following your dosage request.

***Due to the side effect of liver damage/death from Tylenol overdose, it is recommended that students do not exceed manufacturer's recommendations.**

Name of Student

Address

Grade

Teacher

I am the parent/guardian of the above-named student and hereby request and give my permission to the Board- approved personnel to administer the over-the-counter medication listed below.

Medication: _____

Dosage: _____

(*May not exceed manufacturer's maximum dosage without a doctor's order)

Times Medication is to be given: _____

Specific instructions for administration:

Under what circumstances should medication be administered? (List pertinent symptoms)

Starting date for request: _____ Ending date for request: _____

I have read and understand the policy for administration of over-the-counter medication and request that the above-listed medication be administered by school personnel at school. Because school personnel are not legally obligated to administer medication to any student, I further acknowledge that by signing this form, I release all Board-designated school employees from any and all liability for damages, illness, or injury resulting from performing the assistance requested. I will notify the school immediately if there is any change in this request for administration of nonprescription medication.

Parent's Signature

Date

Daytime Phone Number

Nurse's Signature Date