

Tri-Valley Local Schools

Authorization for Administration of Non-Prescribed Medication or Treatment

This section must be completed and signed by the student's parent or guardian. The following information is necessary for any student to be administered a non-prescribed medication/treatment during school hours. This information will help us to be sure that the non-prescribed medication listed below is given at the right time and in the proper dosage. Also, in order to comply with State regulations, the non-prescribed medication MUST be brought to school by the parent/guardian and the non-prescribed medication MUST be in its original container along with this completed form. If this completed form is not provided or the non-prescribed medication is not in its original container, the school staff will not administer the medication/treatment. Students may NOT possess non-prescription medications on their persons. For example: bookbag, pocket or locker. ONE medication may be listed per medication form.

Student Name	Address	
School	Grade	Birthdate

As the Parent/Guardian of this student, I am hereby requesting permission for my child to be administered in the presence of an authorized staff member the following non-prescription/over-the-counter medication/treatment during school hours:

Name or Type of non-prescribed medication:

Amount or Dosage to be taken:

Times medication is to be taken (example: every six hours):

Reason for medication:

Special instructions regarding this medication:

Parent/Guardian Signature

Date

Parent/Guardian Name Printed

Parent/Guardian Emergency Telephone #

Regarding over the counter medication: Tri-Valley Schools is not permitted to exceed manufacturer recommended dosages without a written prescription from a physician. If it is necessary for your child to take over the counter medications at school, please be aware that we cannot exceed dosages listed on the label. Age is also a factor. We cannot administer adult medications to children. Please refer to the product label regarding dosage for your child's age and weight. Please make sure the bottle of medication is not expired. We cannot administer medication that has expired.

Office use only: Medication will be administered by staff listed on medication administration designation list.

Reviewed by authorized medication administrator _____

DASL Entry _____

Reviewed by Nurse _____

Original Order to Nurse _____

Date _____