

**REQUEST FOR ADMINISTRATION OF  
NON-PRESCRIPTION MEDICATION  
BY SCHOOL PERSONNEL**

*All medication must be sent to school in the original packaging.  
Medication in other containers should not be sent to school for dispensing.*

\_\_\_\_\_ should receive

\_\_\_\_\_  
(Name of Drug, Dosage)

Specific instruction for administration: \_\_\_\_\_

Possible side effects to watch for: \_\_\_\_\_

Special storage instructions: \_\_\_\_\_

Reason for administration: \_\_\_\_\_

I hereby request and give my permission to the school approved personnel to administer the above stated medication to my child. I further acknowledge by signing this form that the school or its personnel are under no obligation to render assistance in the administering medication and do hereby release all designated employees from liability for damages or injury resulting from either performing or not performing the assistance required.

**I HAVE READ AND UNDERSTAND THE GUIDELINES  
FOR ADMINISTRATION OF MEDICATION.**

**Name of Child** \_\_\_\_\_

**Homerom Teacher** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature of parent** \_\_\_\_\_