

Non-Prescription Medication Release Form

Name of Student_____

School_____ Grade_____

Teacher_____ Date Medication Started_____

Medication_____ Dosage_____

Reason of Medication_____

I hereby give my permission for_____

Name of Student

to take the above medication at school as ordered by me. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers this drug to my student in accordance with written instruction from me shall not be liable for damages as a result of an adverse drug reaction suffered by my child because of administrating such drug.

Signature of Parent/Guardian

Date

Note: The medication is to be brought to school in the original container.