Hastings Schools Health Services

Parental Request
for Administration of a
NON-PRESCRIPTION MEDICATION

Dispensing FDA approved over-the-counter medications at school requires:

1) *Written authorization from parent/guardian*
2) *The medication supplied in the original container by the parent.*

If more than 10 doses of medication to be given throughout school year, physician authorization must be obtained.

Student Name:_____ **Grade:**_____ **Birthdate:**_____

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I authorize designated school personnel to dispense to my child the following medications. I release school personnel from liability in the event any reaction results from the medication.

Medication Name:_____ **Dose:**_____ **Frequency:**_____

For treatment of:_____ **Special Instructions:**_____

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For treatment of:_____ **Special Instructions:**_____

If necessary school personnel may request additional information from the physician regarding this medication.

Parent/Guardian Signature:_____ **Date:**_____

Daytime Phone:_____

☐ **I authorize my child to bring this medication home at the end of the school year.**

Kennedy	McAuliffe	Middle School	Pinecrest	Senior High	Tilden
1175 Tyler	1601 W. 12th	1000 11th St. W	975 W. 12th	200 General Sieben	310 River St
480-7224	480-7395	480-7072	480-7286	480-7486	480-7670
fax:438-0613	fax:438-0617	fax: 438-0707	fax:438-0614	fax:480-8126	fax:480-7680

Date returned to Health Office_____ Entered on computer_____ Staff signature_____ Med available_____