

# 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: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

For treatment of: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_ Frequency: \_\_\_\_\_

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 1175 Tyler 438-0815 fax:438-0613	McAuliffe 1601 W. 12 <sup>th</sup> 437-6607 fax:438-0617	Middle School 1000 11 <sup>th</sup> St. W 437-3045 fax: 438-0707	Pinecrest 975 W. 12 <sup>th</sup> 438-0836 fax:438-0614	Senior High 200 General Sieben 480-0301 fax:480-8126
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Date returned to Health Office \_\_\_\_\_ Entered on computer \_\_\_\_\_ Staff signature \_\_\_\_\_ Med available \_\_\_\_\_