

# Hastings Schools Health Services

## Parent/Guardian 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 original container by parent/guardian

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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

**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 prescriber 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.**

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<b>Kennedy</b> 1175 Tyler (651) 480-7224 fax: (651) 480-7222	<b>McAuliffe</b> 1601 W. 12 <sup>th</sup> (651) 480-7392 fax: (651) 480-7392	<b>Middle School</b> 1000 11 <sup>th</sup> St. W (651) 480-7072 fax: (651) 480-7064	<b>Pinecrest</b> 975 W. 12 <sup>th</sup> (651) 480-7286 fax: (651) 480-7282	<b>Senior High</b> 200 General Sieben (651) 480-7486 fax: (651) 480-7478	<b>Tilden</b> 855 W. 3 <sup>rd</sup> (651) 480-7353 fax: (651) 480-7351
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Date returned to Health Office \_\_\_\_\_ Entered on computer \_\_\_\_\_ Staff signature \_\_\_\_\_ Med available \_\_\_\_\_