

SANBORN REGIONAL SCHOOL DISTRICT

**PARENT'S REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION
MEDICATION**

I give permission for _____ to
Name of Student

take _____
Name of medication Number of tabs (dose)

during the school day. Parents/Guardians are asked to deliver this medication in its original container or packaging. The medication is kept locked in the Health Office and will be dispensed only as necessary.

PARENTAL PERMISSION/HOLD HARMLESS STATEMENT

I, the parent/guardian, authorize the school administrator to direct members of the school staff to assist my child in taking the above medication and agree that I will not hold liable, any member of the school staff or an individual of official capacity who is directed by me (parent/guardian) and the school administrator to assist my child in taking said medication.

Parent/Guardian Signature

Date

Printed Name _____

Note: If there are any questions or concerns, please call the school nurse.

Original: March 5, 2008