

Lipscomb Academy Health Services

Non-Prescription Medication Administration Consent Completed by Parent

Please respond to every item on this form. Complete this form if your child is currently taking medication during the school day. This statement must be on file with the school nurse or medication will not be administered. The non-prescription drug must be brought in with the original label listing the ingredients, dose schedule, and child's name affixed to the container.

Student Information

Student's Name _____ Date of Birth _____

Address _____ Phone _____

Parent Name _____ Cell phone _____

Additional emergency number _____

Parent /Guardian Statement

Name of Drug _____

Reason for taking the medicine _____

Date to start _____ Date to discontinue _____

Dosage and Times at school medicine is to be taken _____

Does this medication *absolutely* need to taken during school hours? Yes _____ No _____

If yes, please explain _____

Special instructions for storage and handling _____

Are there any OTC (over the counter) medicines or prescription medicines which should not be taken when taking this OTC medicine?

During school hours, the school nurse or individual designated by the school nurse has my permission to assist in the self-administration or administration of medicine prescribed for _____.

I understand that all medications provided to the school for use must be in the original container.

Parent/Guardian Signature _____ Date _____