

MSD of New Durham Township

PARENT AUTHORIZATION TO ADMINISTER NON-PRESCRIPTION MEDICATION

I do hereby authorize the school principal, teacher, or other school employee designated by the principal, to administer the non-prescription medication, as described below, to my child, _____, in the dosage and frequency directed below.

Medication Name: _____

Dosage: _____

Frequency: _____

I understand that I will be responsible for supplying this medication to the school in the ORIGINAL LABELED CONTAINER as purchased, over-the-counter, to properly identify. I release and agree to hold the Board of School Trustees, its officials, and employees, harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

_____	_____
Student Name	Parent/Guardian Signature
_____	_____
Telephone	Address

Date	

PLEASE NOTE: This authorization is only valid for the current school year. It must be renewed every school year, or the medication will not be given. **Also, medication sent in baggies, unlabeled medicine bottles, envelopes, etc., will not be accepted.**