<u>AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT</u> (ELEMENTARY VERSION)

Address Grade requesting permission for my child named above to: (Check one or both)	
	_
requesting permission for my child named above to: (Check one or both)	_
use or receive the following over-the-counter medication(s)	
Medication:	
Dosage:	
Medication:	
Dosage:	
_ self-administer such medication(s) in the presence of an authorized staff member.	
assume responsibility for safe delivery of the medication to school.	
notify the school immediately if there is any change in the use of the medication or the ribed treatment.	Э
and all liability foreseeable or unforeseeable for damages or injury resulting directly of	
f Parent Date	-
phone Work Telephone	-
AUTHORIZATION FOR STAFF	
ving staff members are authorized to administer the above-nonprescribe	d _
2	Dosage: