

EMERGENCY AUTHORIZATION TO ADMINISTER NONPRESCRIPTION MEDICATION

For Students in Grades K-8

I hereby authorize the school nurse, or persons designated to administer medication in her absence, to administer nonprescription medication, as indicated, when necessary, advisable, or in an emergency.

_____ Aspirin Substitute

_____ Cough Formula

_____ Antacid

I understand that a school official will require additional verbal approval before administering the medication.

For Students in Grades 9-12

I hereby authorize the school nurse, or persons designated to administer medication in her absence, to administer nonprescription medication, as indicated, when necessary or advisable.

_____ Aspirin

_____ Aspirin Substitute

_____ Cough Formula

_____ Antacid

I request that this authorization remain in force as long as my child is a student in this school, unless school personnel are advised in writing of a change.

Student's Name

Grade

Date

School

Signature of Parent/Guardian/Individual Assuming
Permanent Care and Custody