## Twin Valley Elementary School

## PERMISSION FOR NONPRESCRIPTION MEDICATION*

**Name of Child/DOB** _____ **Grade** _____ **Date** _____

- The school nurse *must* have this **completed form** before medication will be given at school.
- An **adult** must bring the medication to school.
- Medication must be in the original **manufacturer's container.** Loose medication in plastic bags will not be accepted.
- **The first dose of any new medication that the student has not had before should be administered at home under parent/guardian supervision.**
- **The school nurse must approve and administer the first dose of any new medication given at school.**
- The school nurse may delegate administration of subsequent doses to another school staff member/delegatee.
- All medicine must be **kept in the nurse's office**.

I give permission for the medication below to be given to my child at school by the school nurse or by her designee.

Medication _____

Dosage/Route/Time _____

Start Date _____ End Date _____

Reason medication is being given _____

Has your child had this medication before at home? ☐ yes ☐ no

If your child has had this medication before, did your child tolerate the medication without suffering any ill effects or adverse reactions? ☐ yes ☐ no, If no, explain: _____

**Signature of Parent or Guardian** _____ **Date** _____

**Date Received** _____ **Signature of School Nurse** _____

*** nonprescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary***