

LAKE COUNTY SCHOOLS

ADMINISTRATION OF NON-PRESCRIPTION MEDICATION CONSENT FORM

Non-prescription medication may be administered at school by school personnel when such medication is necessary for school attendance and cannot otherwise be accomplished. The non-prescription medication may be administered for 3 days during school year. **If a medication is necessary beyond the 3 days, the school will need a doctor's statement that this medication is necessary during school hours for the health needs of the student.** Medication must be brought to school by parent/guardian in a sealed unopened container. A form must be completed for each medication administered.

Student Name _____ D.O.B. _____

Parent/Guardian _____ Phone # _____

Address _____ Emergency Phone # _____

Name of non-prescription medication _____

Dose to be given _____ Time(s) to be given _____

Purpose/reason for this medication _____

Discontinue date _____

Instruction(s) (i.e. take with water, milk, food): _____

What reaction(s) may occur, if known? _____

I request _____ to administer the above medication to
(name of school)

my child, _____ . If parent/guardian cannot be reached
(student name)

and there are questions about this medication you may contact _____ .
(doctor's name)

Signature of Parent/Guardian (**REQUIRED**) _____ Date _____

Doctor's signature (optional) _____ Date _____

Doctor's Official Stamp