

EASTPOINTE COMMUNITY SCHOOLS
AUTHORIZATION FOR ADMINISTERING NON-PRESCRIPTION MEDICATION

Date Received: _____

It is the policy of Eastpointe Community Schools to require a completed authorization form when requesting the administration of non-prescription medication(s) to students during regular school hours.

1 – Medication will be provided to school in original container with original label.

2 – Medication will be provided to school by an adult and **NOT** transported with a student.

3 – When more than one medication is to be dispensed, an additional authorization form must be completed with a separate container for each medication.

Student Name _____ Grade _____
(please print) Last First

Birth date _____ Name of School _____

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Medication _____

Dosage _____ Time Schedule _____ Duration _____

Purpose _____ Method of Administration _____

Additional instructions, adverse reactions, precautions, missed dose, etc.

I hereby request that my child be administered his/her non-prescription medication at school by designated school personnel. I understand that the medication will be administered as directed, In the case of any changes I will complete and provide an updated "Authorization for Administering Non-Prescription Medication" form as required.

- A. I will assume responsibility for safe delivery of the medication to school by an adult.
- B. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.
- C. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
- D. I will pick up unused medication by the last day of school, if I fail to do so, I understand medication will be disposed of in accordance with district policy.

Parent Name (please print)

Daytime Telephone Number (circle home/work/cell)

Parent/Guardian Signature

Date

For Office Use Only:

Date picked up: _____ Picked up by: _____ Date disposed of: _____ Initials: _____