Expect Excellence
School District of New Berlin

Authorization to Administer Non-Prescription Medication

Student_____ **Birth date** _____

School _____ **Grade** _____ **School Year** _____

Parent/Guardian 1: _____ **Parent/Guardian 2:** _____

Daytime Phone (_____) _____ **Daytime Phone (_____)** _____

Cell (_____) _____ **Cell (_____)** _____

Authorization expires at the end of the school year or following the summer school session.

Parent/Guardian Medication Consent:

I give permission for my son/daughter to receive the medication listed according to the direction stated below from a school staff member appointed by the school principal. Self-administration of non-prescription medication is not permitted. I agree to hold the New Berlin School District harmless in any and all claims arising from the administration of this medication. I agree to notify the school in writing at the termination of this request or when any change in the above orders are necessary.

I understand that it is my responsibility to:

- **Supply a properly labled bottle of medication in it's original labeled packaging. I understand that the instructions for administration may not exceed the manufacturer's recommended dosages. The medication MUST be stored and taken in the health room or school office.**
- Replace the supply of medication when needed. Expired medication will not be administered to students.
- Pick up medication or direct staff to discard remaining medication upon discontinuation or at the end of the school year or will be disposed of.

Parent/Guardian Signature _____ Date _____

Non-Prescription Medication to Be Given at School

Name of Medication: (generic and trade)	
Reason for medication:	
Dosage of Medication:	_____ mg / cc / tsp _____ drops / puffs Form: ☐ Tablet/Capsule ☐ Liquid ☐ Ointment/Cream ☐ Ear/Eye/Nose Drops ☐ Inhaler
Route:	☐ Oral ☐ Eyes ☐ Ear ☐ Nose ☐ Topical ☐ Rectal ☐ Other _____
Time to be given:	☐ **As needed** – Describe frequency & symptoms for which medication should be given: _____ ☐ May be repeated in _____ (time) minutes/hours.