

BETHEL-TATE LOCAL SCHOOLS

**PERMIT FOR DISPENSING NON-PRESCRIPTION MEDICATIONS (Form B)**

(THIS FORM IS LIMITED TO MEDICATION BEING GIVEN TEN DAYS OR LESS)

In order to prevent the misuse of medication, it is necessary to give permission to the principal for the use of oral non-prescription medications in the schools.

This medication will only be given for ten days or less.

I am the parent/guardian of \_\_\_\_\_ . The following medication may be given to my child.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
Date of First Dose: \_\_\_\_\_ Number of Days to be Given: \_\_\_\_\_  
Under What Conditions: \_\_\_\_\_  
\_\_\_\_\_

All non-prescription medication brought to school shall be brought in the original container and properly labeled with the child's name, medication, dosage, and time of administration. School personnel will not assume responsibility for administering liquid medication, application of ointments, or changing dressings.

The non-prescription medication will not be given unless this information is complete. A record of the medication administered to your child will be kept. Non-prescription medications are not to be kept by the student. The Parent/Guardian will notify the school if there is any medication change and assume responsibility for safe delivery of the medication to the school. *Students may NOT transport medication to and from school.* The Parent/Guardian releases and agrees to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from its authorization.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

**MEDICATION RECORD**  
**DATE, TIME, AND INITIALS BELOW**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_