

**Genoa City Joint 2
Non-Prescription Medication Administration Permission**

To be completed by parent/guardian:

Child's name _____ Age _____

Parent/Guardian name _____ Daytime Phone _____

I request that the staff at Brookwood School administer the non-prescription medication listed below to my child during school hours. I am aware that the school is not responsible for any benefits or consequences of the medication. I am aware that my child must independently request and take the medication, as the school is not responsible for assuming that the non-prescription medication is taken. I understand that the medication must be in it's original container, and that the school staff administering the medication will only give the medication as instructed on the label. I also understand that the school may request a physician's statement for repeated or frequent use of the medication. Finally, I have instructed my child in the proper use of this medication and it's potential side effects.

Name of medication _____

Dosage and frequency of administration _____

Reason for medication _____

Special Instructions _____

Parent/Guardian signature _____ Date _____

NOTE: The only acceptable non-prescription medications are oral forms of Acetaminophen (Tylenol), Ibuprofen (Motrin or Advil), cough medicine, antacids, or antihistamine/decongestants. Please be aware if a medication has drowsiness as a potential side effect.

All medications will be kept in the office for student use.