

Non-Prescription Medication Consent Form

| Student Name: | | Date of Birth: | | |
|---|-----------------------|--------------------------|-------------------------------|--|
| Parent/Guardian Name: | | | | |
| I am requesting that my child, prescription medication (i.e. Tylenol, i | | | _, receive non- | |
| I will be responsible for bringing the container (preferably unopened). I a sufficient quantity of the medication prescription medications on hand. | lso understand | that I am responsible fo | r maintaining a | |
| Signature of Parent/Legal Guardian | | Relationship | Date | |
| | | | | |
| Non-Prescription Medication (Generic & Trade Name) | Dosage (As Needed) | Possible adverse sid | Possible adverse side effects | |
| (consist of realist) | (is receased, | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |