

WHITEHALL-COPLAY SCHOOL DISTRICT

Non-prescription Medication Dispensing Form

To the parent:

Please complete this form if you request your child to receive a non-prescription medication (i.e. Tylenol, Ibruprofen, etc.) during school hours.

Medication must be brought in the original bottle. The medication will be kept in the health room. It will be the student's responsibility to go to the health room at the correct time and request the medication. In the absence of the school nurse, the principal or designatee may give the medication.

Student's name: _____ Grade: _____ Teacher: _____

Medication prescribed: _____

Prescribed dosage and frequency: _____

Reason for medication: _____

Is child taking other medication (s)? _____

Name of other medication (s): _____

The authorization is in effect from: _____ to _____

I do hereby release, discharge and hold harmless, the Whitehall-Coplay School District, its agents and employees, from any and all liability and claim of whatsoever nature for the administration of the above medication to my child and for any and all injuries resulting there from.

Signature of Parent _____

Telephone Number _____

If the dosage is changed at any time, parent must complete new forms. Please request additional forms as needed from the school nurse.