

Scott County School District 2

Committed to Helping Every Child Succeed

Permission to Give Over-the-Counter Or Non-Prescription Medications

I, the parent/guardian of _____ give the school nurse or designated employees at (name of school) _____ permission to administer the following non-prescription medication in accordance with the following instructions:

Medication: _____ **Dose:** _____

Route: _____ **Time or interval of dose:** _____

Indications for giving: _____

These instructions remain in effect until : _____

Parent/guardian signature

Date

Telephone number
