

DANBURY LOCAL SCHOOL

NON PRESCRIPTION DRUG REQUEST

**PARENT'S REQUEST FOR THE ADMINISTRATION OF NON
PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL**

I hereby request and give my permission to the school nurse, principal, and/or designee to administer the following non prescription medication to my child.

Name of Child _____

Name of Drug _____

Dosage _____ Method _____

at the following time (s) _____

Beginning _____ and ending _____.
(Date) (Date)

The above request is being made of school personnel to assist in meeting specific needs of our youngster and we absolve such personnel of any liability for administering, or failing to administer, the medication.

(Date)

(Signature of Parent or Guardian)