

**Parental Permission to Administer NON-PRESCRIPTION MEDICATION
Boyceville Community School District**

*****PARENTS MUST SUPPLY ALL MEDICATIONS IN THE ORIGINAL CONTAINERS.**

<p># 1 STUDENT/ MEDICATION INFORMATION</p> <p>School Year or Effective Date: _____ School _____ Grade _____</p> <p>Student Name: _____ Birthdate: _____</p> <p><u>Medication #1:</u> _____ Dosage: _____ Time: _____ Route: _____</p> <p>Reason for Medication: _____</p> <p><u>Medication #2:</u> _____ Dosage: _____ Time: _____ Route: _____</p> <p>Reason for Medication: _____</p> <p><u>Medication #3:</u> _____ Dosage: _____ Time: _____ Route: _____</p> <p>Reason for Medication: _____</p>

<p>***Note requirements: <i>Completed</i> medication information section (1) and <i>signed Parent Consent (2)</i>. Dosage must match recommended dosage on package.</p>

<p>#2 PARENT CONSENT: Complete above for EACH MEDICATION at school</p> <p>I request that this medication be administered at school by designated employee(s) and release said employee(s) of liability. I will supply the medication in its original container and bring to the office. I will notify the school in writing of any medication changes. This consent is in effect for the school year unless otherwise indicated.</p> <p>Date _____ Parent/ Guardian Signature _____</p> <p>Phone (home) _____ (work) _____ (cell) _____</p>
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