ADMINISTERING NONPRESCRIPTION MEDICATIONS

Teacher's Name: _____

Student's Name: _____ Date of Birth: _____

Medication Name: _____ Strength: _____ Dose: _____

Time of medication administration: _____

Date to start medication: _____

Date to stop medication: _____

I understand that I (parent/guardian) am responsible for the safe delivery and pick up of all medications to the school. Any medications not retrieved at the end of the school year will be disposed of properly. A new *Administering Nonprescription Medications* form is required every school year.

I agree:

- To send medication to the school in the original, unopened container.
- To instruct my child to take medication in the school office from school personnel.
- To submit a new *Administering Nonprescription Medications* form if the medication, dosage or instructions are changed.
- To send a written note if my child is to discontinue taking this medication. I will retrieve medication within five days. I understand that the medication will be properly disposed of after five days.

I hereby release REAL Christian Academy, its officials, and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of over-the-counter medication.

Print parent/guardian name: _____

Parent/guardian signature: _____

Phone number: _____

Date: _____