

River Bend School District #2
Parental consent for Non-Prescription Medication Usage

_____ / _____
Student Name (please print) Date

I, _____, as parent of legal guardian of the above named student, give my permission for authorized personnel to administer the following medicine _____ to my child.

My child should get this medication at _____ (time).
He/she is to get _____ (amount). He/she should get this medication _____ (how often).

Please do not give this medication more than _____ times per day.

I understand it is my responsibility to inform school personnel if I have already medicated my child with the above before coming to school on any date so that medication is not duplicated at school.

I further acknowledge that when at all possible, medication should be given at home (before school, after school).

Medication must be brought to school in its original container. No medication may be sent in a baggie or envelope.

This form is required to be completed on a yearly basis.

School Year: _____ (date)