

## NONPRESCRIPTION MEDICATION PERMISSION FORM

Student Name			Date of Birth	
Student Address		Phone Number where parents can be reached		
<b>Coldwater Schools</b>	Grade/Class	Teacher		School Year
List any known drug allergies/reactions			Height	Weight

MEDICATION INFORMATION		
Name of Medication	Number of pills or amt. of medication sent in	Expiration Date on Medication
Dosage	Route (oral, eye drops, ear, etc)	Time/Interval
Date to begin medication		Date to end medication
Circumstances for use:		
Special Instructions:		
Treatment in the event of an adverse reaction:		
Possible severe adverse reactions: Please note: reactions can occur even if the medication is given in the proper dosage.		
Other medication instructions:		
<b>Send medication on field trips?</b> NO                      YES <i>(if yes, unit (single) doses preferred)</i>		
Parent/Guardian Authorization		
<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. I understand that additional parent/prescriber signed statements will be necessary if there are any concerns regarding the administration of this medication or if the dosage is changed.		
<input checked="" type="checkbox"/> I understand the medication needs to be in the <b>original container</b> . It needs to be properly labeled with the student's name, date, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration.		
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee or the school nurse. Without the proper paperwork, no medication can be administered.		
Parent/Guardian Signature		Date
Parent's name (please print)		

NOTE: All medication brought into school is counted and stored in its original container in a locked cabinet. Please do not send bulk size medication bottles. Unit dose medications work best for storage as well as transporting on field trips. Expired medication or medication not in its original container will not be given.