



Non-Prescription Medication Consent Form

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

I am requesting that my child, _____, receive non-prescription medication as needed. This authorization is limited to the following non-prescription medications:

- Non-prescription Tylenol, ibuprofen, etc.
- Non-prescription diaper changing ointments that are free of antibiotics, antifungal or steroid components.
- Non-prescription medicated powders.
- Non-prescription topical teething medications.
- Non-prescription skin lotions for preventative care.
- Normal saline nose drops.

I will be responsible for bringing the non-prescription medication to school in the original container (preferably unopened) and labeled with the child's name. I also understand that I am responsible for maintaining a sufficient quantity of non-expired medication at the school.

Signature of Parent/Legal Guardian: _____ Date: _____

Non-Prescription Medication (Generic & Trade Name)	Dosage (As Needed)