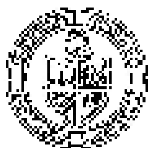

**Madison Local School District**

## AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT

**To the Parent:**

**THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.**

Name of Student______________________________________________ Birth Date________________________

Student's Address____________________________________________________________________________
Street City Zip Code

School________________________________________ Class/Grade___________________________________

A. **I am requesting permission for my child named above to: (check one or both)**
**Use or receive the following over-the-counter medication(s):**
Medication:____________________________________________________________
Dosage:_______________________________________________________________
Medication:____________________________________________________________
Dosage:_______________________________________________________________

**Self-administer such medication(s) in the presence of an authorized staff member**

B. I will assume responsibility for safe delivery of the medication to school.
C. I will notify the school immediately if there is any change in the use of the mediation or the prescribed treatment.
D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature___________________________________ Date_____________________

Telephone during school hours__________________________ Other phone__________________________

## AUTHORIZATION FOR STAFF

**The following staff members are authorized to administer the above-prescribed medication(s)/treatment(s):**

___________________________________________ ___________________________________________

___________________________________________ ___________________________________________

**Signature of Principal:**____________________________________________________________