

**Howards Grove School District
Nonprescription Medication Consent Form
(Over-the-Counter Medication)**

Student _____ Date _____

School _____ Grade _____

Nonprescription medication must be supplied by parent/guardian and in original container. This signed consent form must accompany the medication before school personnel can administer the medication to your child.

Student's Diagnosis for Medication _____

Name of Medication	Dosage (tsp., tablet)	Approximate Time of Dosage	Side Effects

Choose one below:

_____ This student is allowed to carry and self-administer the above medication.
(Middle School & High School students **only**.)

_____ This medication must be administered by Howards Grove School District staff.

Parent/Guardian

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the above written instructions .

I further agree to hold the Howards Grove School District and all employees harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school **in writing** at the termination of this request or when any change in the above is necessary.

Signature of Parent/Legal Guardian _____

Phone _____