



BUTLER ACADEMY

Authorization for Non-Prescription Medication at School MUST BE SIGNED BY GUARDIAN

PLEASE PRINT

SCHOOL YEAR _____

STUDENT'S NAME BIRTHDAY

LEGAL GUARDIAN DAYTIME PHONE#

NAME OF MEDICATION

DOSAGE/ROUTE AT SCHOOL

REASON FOR MEDICATION

DATE TO START MEDICATION DATE TO STOP MEDICATION

TIME OF DAY MEDICATION IS TO BE GIVEN AT SCHOOL EXPIRATION DATE OF MEDICATION

PRINT PHYSICIAN NAME PHONE #

PHYSICIAN PHONE #

Parents Please Read Carefully

I understand that all medication will be provided by the parent or guardian in the original container, clearly labeled with the child's name. I will notify the school if the medication is discontinued or the dosage has been changed. If the dosage has been changed, please obtain a new Physician's Order. Permission is granted to the principal and/or the school nurse to share this information with individuals who have responsibility for my child. The first dose will be given at home so that I can monitor adverse reactions. I give the school nurse my permission to contact the above-named Physician's Office to request medical information concerning my child. I am responsible for replacing medication before the expiration date.

PARENT/GUARDIAN SIGNATURE DATE

Please Note:

- A separate permission form is required for each medication to be given.
Parents are responsible for noting the expiration date of all medication. Expired medication will not be given at school.
Any medication not picked up by the last day of school will be destroyed according to school district guidelines.
Any over-the-counter medication given every day for 10 consecutive days must have physician's authorization.