

**PARENTAL AUTHORIZATION
FOR DISPENSING NON-PRESCRIPTION MEDICATIONS**

The undersigned, _____, is parent, guardian or custodian of
_____ who attends _____ School.

If this child is injured or becomes ill at school, I hereby authorize school personnel or _____
_____ to administer non-prescription medicine to the
(Name and how this person may be reached)
child in the event I cannot be contacted to give my consent to administer the medicine.

Parent with legal custody or Guardian

Address

Phone