

NEWTON UNIFIED SCHOOL DISTRICT # 373  
Newton, KS

**Permission for Non-Prescription Medication**

Name of Student: \_\_\_\_\_

School: \_\_\_\_\_ Grade \_\_\_\_\_

Teacher: \_\_\_\_\_

**Medication:** \_\_\_\_\_

**Amount to be given:** \_\_\_\_\_

**Time it is to be given at school:** \_\_\_\_\_

**Manner (route) in which it is to be given:** \_\_\_\_\_

Date medication was started (first dose needs to be given at home) \_\_\_\_\_

Anticipated number of days medication will be needed: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

**Please read, date, and sign the following statement:**

I hereby give my permission for \_\_\_\_\_  
to take the above medication at school as indicated by my directions.

I understand that it is my responsibility to furnish this medication. I understand that the  
**medication is to be brought to school in the original container.**

I further understand that any school employee who administers the drug to my child, in  
accordance with my written instructions, shall not be liable for damages, which might  
occur from an adverse drug reaction suffered by the student as a result of administering  
the drug.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian**

