

# LAKE COUNTY SCHOOLS

## ADMINISTRATION OF NON-PRESCRIPTION MEDICATION CONSENT FORM

Non-prescription medication may be administered at school by school personnel when such medication is necessary for school attendance and cannot otherwise be accomplished. The non-prescription medication may be administered for 72 consecutive hours, once in the school year. Medication must be brought to school by parent/guardian in a sealed, unopened container. A form must be completed for each medication administered.

Student Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Emergency Phone \_\_\_\_\_

Name of non-prescription medication \_\_\_\_\_

Dose to be given \_\_\_\_\_ Time(s) to be given \_\_\_\_\_

Diagnosis \_\_\_\_\_ Allergies \_\_\_\_\_

Purpose/reason for this medication \_\_\_\_\_

Discontinue date \_\_\_\_\_

Instruction(s) (i.e. take with water, milk, food) \_\_\_\_\_

What reaction(s) may occur, if known? \_\_\_\_\_

I request Lake County Public School personnel administer medication as directed by this authorization.

### A doctor's signature is required if:

- A medication is necessary beyond the 72 consecutive hours  
or
- When medication needs to be taken on Field Trips

If there are questions regarding this medication I authorize the School Nurse/District Nurse to contact ordering physician as needed throughout the school year.

It is the parent's responsibility to pick up medications that are no longer needed at school. Medications that have expired and/or are discontinued during the school year will be disposed of within a week of the expiration or discontinuation date. At the end of the school year left over or unused medications will be disposed of immediately after the last day of school.

Signature of Parent/Guardian (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

Doctor signature (REQUIRED) \_\_\_\_\_ Date \_\_\_\_\_

**Doctor's Official Stamp**

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