



**NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM
2026-2027 School Year**

Name of Student _____ Birthdate _____ Grade _____

TO BE COMPLETED BY PARENT OR GUARDIAN:

Name of medication _____

For what purpose(s) will my child be taking this non-prescription medicine? List the medical symptoms present for when you would want your child to take this medication at school. _____

Dosage _____ Frequency _____ Time _____ Route _____

Start date _____ Stop date _____ Instructions, adverse reactions, storage requirements, etc. _____

(If more space is needed, attach additional sheet)

All non-prescription medications must be brought to the office by the parent or guardian in the original container, labeled with the student's name. Non-prescription medicines will be dispensed from the office.

Parent/Guardian Signature: _____ Date _____

Printed Name _____ Phone _____

PLEASE READ AND SIGN BELOW:

- I have reviewed the Woodland School policy regarding administration of medication to students and agree to abide by the terms.
- The non-prescription medication supply shall be the parent/guardian responsibility. Medication must be delivered to the school office by parent or guardian.
- All medications should be kept in the original labeled container as prepared by a pharmaceutical company. Clearly label the container with the student's name (a permanent marker will work on most containers). The nonprescription medication MUST match the information on this form.
- I request that the non-prescription medication be administered within the directions I have specified above and according to the school's policy.
- No changes from what is listed above will be made in dosage, time of administration, or reasons for administering the non-prescription medication, except by parental approval, which must be provided in writing, in person or by fax.
- The student is responsible for presenting himself/herself on time and for taking the medication as described above.

The undersigned releases the Woodland School from any liability or damage which may result to the student from the administration of said medication in accordance with the procedure specified above.

Parent(s)/Guardian(s) Signature _____ Date _____

Printed Name _____