

**MIDDLETOWN CHRISTIAN SCHOOLS  
PERMIT FOR DISPENSING NON-PRESCRIPTION MEDICATIONS**

In order to prevent the misuse of medication, it is necessary to give permission to the principal for the use of oral non-prescription medications in the schools.

I am the parent of \_\_\_\_\_.  
 Child's Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_ Home Room: \_\_\_\_\_

The following medication may be given to my child:

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Date to Begin: \_\_\_\_\_ Date to End: \_\_\_\_\_  
 Under what conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

All non-prescription medication brought to school shall be brought in the original container and properly labeled with the child's name, medication, dosage, and time of administration. I understand that medications are not to be transported by my child. The principal will not assume responsibility for application of ointments or changing dressings.

The non-prescription medication will not be given unless this information is complete. A record of the medication administered to your child will be kept. Medications are not to be kept by the child. The parent will notify the school if there is any medication change and assume responsibility for safe delivery of the medication to school. The parent releases and agrees to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Telephone during school hours: \_\_\_\_\_ Other Telephone: \_\_\_\_\_  
 School Nurse: \_\_\_\_\_ Date: \_\_\_\_\_

**MEDICATION RECORD  
DATE, TIME AND INITIALS BELOW**


**For School Use Only**

The following school personnel have read this form and are authorized to administer the medication as outlined:

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

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

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