



EAGLE RIDGE
ACADEMY

**ADMINISTRATION OF NON PRESCRIPTION MEDICATION
IN THE SCHOOL**

Dear Parent or Guardian,

This is to inform you of the school's procedure regarding the administration of non-prescription medication to students in school.

***UPDATED EAGLE RIDGE ACADEMY PROCEDURES AS OF 2012:**

Non Prescription Medications (over the counter medication) will no longer be given at school unless:

- Doctor's orders stating the medicine can be administered to the student at school.
- Parent/Guardian bring the medication in *original bottle* with student identification on the medication container.
- Parent/Guardian will hand deliver medication to the health office.

It is suggested that, whenever possible, medications be given at home.

STUDENT INFORMATION

Student Name: _____ DOB: _____
 Grade _____ Phone Number: _____

**PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR ADMINISTRATION OF
NON PRESCRIPTION MEDICATION:**

I hereby authorize my child to use non-prescription pain relief, in the dosage consistent with the labeling, and thereby release school personnel from liability should reaction to the medication occur. If necessary, the school may request additional information from me or my child's physician.

Parent/Guardian Signature _____

Date _____