



Our Lady of the Cross School

1691 Grace Ave Lebanon, PA 17046 www.ourladyofthecross.org 717.500-6800

AUTHORIZATION FOR NON-PRESCRIPTION MEDICATION

(CONFIDENTIAL)

(Updated 9/2021)

Name of Student _____ Date of Birth _____

School _____ Grade _____

Medication _____

Manufacturer's recommended dosage _____

Time(s) of day medication is to be given _____

Common side effects _____

Special instructions by parent/guardian _____

Has the first dose of this medication been given? YES NO

**School personnel are prohibited from giving the first dose of any medication.

I understand that some non-prescription medications, which may include the above listed medication, might cause my child to suffer an adverse reaction or other serious medical condition. I hereby release, waive, discharge and covenant not to sue the School or their employees, officials, agents, or volunteers for any liability for damages, injury or death that may result from ill effects or adverse reactions to this medication.

I authorize this medication to be administered at the School by staff persons or volunteers who are not physicians, licensed registered nurses (RNs), or licensed practical nurses (LPNs). I understand, acknowledge, and approve that the individuals administering the medication do not have any form of medical license and will not perform a medical assessment of my child prior to administering the authorized medication.

Further, I acknowledge that the School bears no responsibility for ensuring the medication is administered and that the School or their officials, employees, agents or volunteers may decline to administer the medication. If the School declines to administer the medication, the School will take reasonable steps to notify you that the medication will not be administered.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT IN FULL AND THAT I HAVE THE LEGAL AUTHORITY TO CONSENT TO THE ADMINISTRATION OF THIS MEDICATION.

Date _____ Signature of Parent/Guardian _____

Printed Name _____

Date _____ Witness (School Employee) _____

Printed Name _____

NOTE:

Non-prescription medication may be given for a specific, time-limited minor illness or for intermittent medical conditions. **If the medication is needed for more than ten doses, a prescription may be necessary in order for the medication to continue to be given at school.** The medication must be provided in its *original, unopened container*, with a legible label, and authorized for the dosage recommended for children on the package. Authorization for non-prescription medication administered at school is required by the School.

Date/ Time/Initials	Date/ Time/Initials	Date/ Time/Initials	Date/ Time/Initials
Date/ Time/Initials	Date/ Time/Initials	Date/ Time/Initials	Date/ Time/Initials

THIS RELEASE IS TO BE RETAINED IN STUDENT'S MEDICAL FILE