ALMONT COMMUNITY SCHOOLS

<u>AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT</u> (ELEMENTARY VERSION)

	e of Student	Address
Scho	pol .	Grade
A.	I am requesting permission for my child na	amed above to: (Check one or both)
	use or receive the following of	over-the-counter medication(s)
	Medication:	
	Dosage:	
	Medication:	
	Dosage:	
	self-administer such medicat	tion(s) in the presence of an authorized staff member.
B.	I will assume responsibility for safe deliver	ry of the medication to school.
C.	I will notify the school immediately if the prescribed treatment.	ere is any change in the use of the medication or t
D.	Our physician has instructed that this designated dosage.	medication should be administered in the abo
E.	Prescribed medication should be provided	d in the original container with specific items listed.
F.	I release and agree to hold the Board of E any and all liability foreseeable or unfor indirectly from this authorization.	Education, its officials, and its employees harmless fron reseeable for damages or injury resulting directly
Sign	ature of Parent	Date
Hom	ne Telephone	Work Telephone
	AUTHORIZA	ATION FOR STAFF
The		uthorized to administer the above-prescrib