

**School District of Mondovi**

2018-2019

**Over-the counter/NON-PRESCRIPTION MEDICATION  
Permission Form**

This will authorize the school nurse and/or school personnel, authorized in writing by the building principal, to dispense this medication to my child at the Mondovi Schools. Non-prescription medication (i.e. Tylenol, Ibuprofen, Benadryl, Pepto-Bismol, Tums) may be administered to students with written instructions and signed consent from the parent/guardian. **If your child will require the administration of an over-the-counter medication on a regular basis, please provide the school with an original, properly labeled bottle/container of the medication. And, if your child requires more than the normal dosage for his/her age, a doctor's prescription is required stating that your child may have more than the normal dosage of medication. PLEASE NOTE ANY MED ALLERGIES OR PUT N/A (NOT APPLICABLE).**

Name of student \_\_\_\_\_  
(Last) (First) (Middle)

Grade/Teacher \_\_\_\_\_

Name of Medication \_\_\_\_\_  
(Tylenol, Ibuprofen, Benadryl, Pepto-Bismol, Tums, etc.)

Dosage (amount to be given ) \_\_\_\_\_

Time (i.e. 10:00 a.m. or as needed) \_\_\_\_\_

**Additional instructions for administering the medication**

\_\_\_\_\_

**MEDICATION ALLERGY** \_\_\_\_\_

Authorization: Permission is hereby granted for the release of this information to the appropriate health care providers and/or school staff when needed for school, health and/or safety reasons.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**