



Rolling Hills Public Charter School
2018-2019 Authorization to Give Non-Prescription Medication
 Please complete one form for *EACH* student enrolled at RHPCS

This form must be completed and on file in the school office before RHPCS personnel may dispense any non-prescription medication. **Please return this form even if you do NOT want us to give medication to your child.** If you DO want RHPCS personnel to dispense medication to your child for minor illness and/or discomfort, please check which medications we offer that we can give to your child and provide any special instructions. We will follow the package instruction of how much and how often to give unless you give alternate instructions.

Student Name: _____ **Teacher:** _____

Grade: _____ **Date of Birth:** _____ **Approx. Weight:** _____

NO PERMISSION GIVEN

I, _____, do **NOT** give permission for RHPCS personnel to give any of the listed
(Printed name of Parent/Guardian)
 non-prescription (over-the-counter) medication to my child.

Parent/Guardian Signature _____ Date _____

Non-Prescription Medication PERMISSION GIVEN

I, _____, give permission for RHPCS personnel to dispense the following
(Printed name of Parent/Guardian)
 non-prescription (over-the-counter) medication (as checked below) to my child if he/she has minor illness or expresses discomfort. Medication will be dispensed per package instructions/recommendations, unless specified in the notes/request area below.

Please check "yes" or "no" for each type of medication listed to indicate if we may administer:

- | | | |
|--|-----------|----------|
| Acetaminophen (e.g. Tylenol) | Yes _____ | No _____ |
| Ibuprofen (e.g. Advil) | Yes _____ | No _____ |
| Antacid/Calcium Supplement (e.g. Tums) | Yes _____ | No _____ |
| Cough Suppressant Drop (e.g. Halls) | Yes _____ | No _____ |

Notes/Requests: _____

Signing this form shall release RHPCS, staff members, and Board from any liability of any nature that might result from the administration of medication to the student.

Parent/Guardian Signature: _____ Date: _____

If you wish to send your own non-prescription (over-the-counter) medication, to be kept in the office for your child, it must be in the original, labeled, container and labeled with child's name and include your permission to dispense.

****Any prescription medication that needs to be administered during the school day requires a separate authorization form. Please contact the school office for more information and the necessary form.****