

**SCHOOL DISTRICT OF LOMIRA
NONPRESCRIPTION MEDICATION FORM
(Over-the-Counter Medication)**

STUDENT NAME: _____ **GRADE:** _____

Nonprescription drugs such as Tylenol (acetaminophen) or Advil (Ibuprofen), etc. are **NOT** available at Lomira/Theresa schools. All nonprescription medications must be sent by a parent/guardian in the original container with this signed consent in order for the health room staff or designee to administer the medication to your child.

Name of Medication	Dosage	Directions For Administration

Parent/Guardian

I hereby give permission to school personnel designated by the school nurse to give medication to my child according to the above written instructions.

I further agree to hold the School District of Lomira and all employees harmless in any and all claims arising from the administration of this medication in school.

If your child requires taking nonprescription medication at school, this form needs to be completed **every** school year with the health office.

Parent/Guardian Signature: _____ **Date** _____