

ADDISON-RUTLAND SUPERVISORY UNION

FAIR HAVEN, VERMONT 05743-1094

Phone (802) 265-4905 Fax (802) 265-2158

Parent Permission for
Administration of **non-prescription** medication
(To be returned to the school nurse)

I hereby give my permission for:

Name of student: _____

In grade _____ at _____ School

to take: (Medication) _____

(Dosage) _____

(Directions) _____

(Reason for giving) _____

Parent/Guardian Signature

Date

No non-prescription medication will be given at school until the school receives this completed form with the medication provided in its original container.

All medicine brought into the school **must** be kept in Nurse's office during school hours.

Nurse's Signature

Date