

Benson Village School
School Nurse

PARENT PERMISSION FOR THE
ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I hereby give my permission for:

Name of Student: _____

In grade _____ at Benson Village School to take:

Medication: _____ Dosage _____ Time _____

Reason for Giving: _____

Signature of Parent/Guardian: _____ 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 medications brought into the school must be kept in the Nurse's Office in a locked cabinet during school hours.

Date Received: _____

Amount Received: _____

Signature of School Nurse: _____