SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: JLCD-R2

PARENT'S REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I give permission for	to
Name of Student	
take	
Name of medication	Number of tabs (dose)
during the school day. Parents/Guardian original container or packaging. The me Office and will be dispensed only as nec	-
	*** **********************************
school staff to assist my child in taking to not hold liable, any member of the school	ool administrator to direct members of the the above medication and agree that I will ol staff or an individual of official capacity and the school administrator to assist my
Parent/Guardian Signature	Date
Printed Name	
Note: If there are any questions or conc	erns, please call the school nurse.

SANBORN REGIONAL SCHOOL DISTRICT

SRSD File: JLCD-R2

History:
Original: March 5, 2008 Renewed: January 23, 2019