



Chapel Hill
A C A D E M Y

School Year: _____

**CONSENT FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

Parents of students requesting that medication or a medical treatment be administered during school hours by school staff are required to provide for the school: (1) a parental release and (2) medication in the original container.

STUDENT NAME _____

GRADE _____ **TEACHER** _____

**CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION
BY SCHOOL PERSONNEL**

Medication _____

Dosage and time of administration _____

Purpose or condition for which prescribed _____

Remarks _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

I request that the above medication/treatment be administered to my child as prescribed by the physician. I understand I must provide medication in the original bottle, properly labeled by the pharmacy with the student's name, date, dosage, time and directions for administration. I release school personnel from any liability in relation to the administration of this medication or treatment at school.

Parent/Guardian Signature _____ **Date** _____