

**NORTHLAND PINES SCHOOL DISTRICT**

**PARENT/GUARDIAN NON-PRESCRIPTION (OVER THE COUNTER)  
MEDICATION REQUEST FORM**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher/Advisory \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

(Medication must come in original small container, with expiration date evident and child's name easily readable on container.)

Time(s) Medication is to Administered \_\_\_\_\_

Condition/Illness/injury Being Treated \_\_\_\_\_

The school personnel have my permission to administer this medication to my child according to the directions stated above (and per manufacturer's recommendations). I agree to hold the Northland Pines School District, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I shall pick up unused portions of the medication within three (3) days of completion of the school year or when discontinued. I acknowledge that the medication will be destroyed if it has not been picked up after a ten (10) day period following notification. I agree to notify the school in writing at the termination of this request or when any change in the above order is necessary.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number