Kimberly School District

141 Center Street West Kimberly, Idaho 83341 Phone: 208-423-4170 Fax: 208-423-6155

Non-Prescription Medication Authorization

Name _____ DOB _____ Teacher/Grade _____

In order to help protect your child's health, your consent and written authorization are required when it is necessary for your child to receive non-prescription, over the counter, medicines in the Kimberly School District. **New authorization forms are required every year at the beginning of school, or whenever the dose or directions change.** It is your responsibility to provide all medicines to be given at school. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Medicine will not be stored in the office over the summer. A parent/guardian must pick it up on the last day of school or it will be destroyed. In addition, we cannot administer expired medication.

PARENT OR GUARDIAN'S PERMISSION: I give permission for my child to receive the medicine described below during school hours. I understand that it is my responsibility to purchase and supply this medicine. On behalf of my child I absolve the Board of Directors of Kimberly School District and their agents and employees from any and all liability whatsoever that may result from my child taking this medicine at school.

_____ _____ _____

Signature of parent or guardian Date Phone Number

Medication for:

Fever/Pain Medication name and brand: _____ Strength/Dose_____

Bug bites and/or stings Medication name and brand: _____ Strength/Dose_____

Gas and/or indigestion Medication name and brand: _____ Strength/Dose_____

Other Medication name and brand: _____ Strength/Dose _____

Specific Directions [include exact amount to give, at what time and/or how often, relationship to meals, specific indications, as needed]:

For the safety of all of our students, medication supplied to the school will be kept locked at all times. Non-prescription medication will only be administered by school faculty. Please do not send any medication with your child to school (in pockets, lunch bags, baggies, or back-packs).

FOR SCHOOL USE ONLY

Date	Time	Medication	Dosage	Reason	Faculty