Form 5141.4-1b

Seymour Community Schools
Consent to administer Non-Prescription Medication

A completed copy of this permission form must be on file in the office of the school nurse prior to school personnel involvement in the administration of non-prescription medication to a pupil.

Pupil's Name_____

Name of Non Prescription Drug_____

Time of Day to be given_____

Number of Days to be given_____

The non-prescription drug is to be furnished to the school nurse in the original container with the name of the drug and the name of the pupil.

Signed:

_____ _____

Legal Custodial signature **Date**

THE PARENT MAY WITHDRAW CONSENT (in writing) AT ANY TIME.

(This consent form was designed to comply with the provisions of Indiana Code 34-4-16.5-35 and amendments thereto, and Rule 51 of Commission on General Education).
Mr. Doug McClure, Principal
Seymour Middle School