

**PARENTAL AUTHORIZATION AND RELEASE FORM
ADMINISTRATION OF NON-PRESCRIPTION DRUGS TO STUDENTS**

While the administration of medications to students should be scheduled outside of school hours whenever possible, occasionally it may be necessary for school personnel to administer nonprescription drugs to a student as authorized by the student's parents, guardians, or medical professionals and state law. School personnel will only administer nonprescription drugs in accordance to Leyton Public Schools Board Policy 5024 and nonprescription drugs which have been approved by state and federal law for use as a drug and meet the definition of nonprescription drugs in Nebraska's Medication Aide law which states:

Nonprescription drugs means nonnarcotic medicines or drugs which may be sold without a medical order and which are prepackaged for use by the consumer and labeled in accordance with the requirements of the laws and regulations of this state and the federal government.

School personnel will not administer nonprescription drugs in a manner inconsistent with the manufacturer instructions or state law. School personnel will not administer non-prescription drugs that have expired.

Nonprescription medication purchased and maintained by the school

Acetaminophen Ibuprofen and nonprescription cough drops will be purchased and maintained by the school in weight appropriate doses. For administration of these medications, a parent or guardian must:

- Complete and return this authorization form annually.
- Review the information and agree that your child may safely take the nonprescription medication purchased and maintained by the school according to the recommended dose by weight.
- Provide written permission for the administration of the medication (check those that apply).

Acetaminophen (Tylenol)

Ibuprofen (Advil)

Nonprescription
Cough Drops

The undersigned are the parent(s), guardian(s), or person(s) in charge of _____
name of student

I authorize and request school personnel to administer nonprescription drugs to my student. I release the school district, its officials, and employees from any and all liability concerning the administration of nonprescription drugs to my student.

DATED this _____ day of _____, 20_____.

Parent/Guardian