

**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 that are not purchased and maintained by the school 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 NOT purchased and maintained by the school**

In order for students to be administered nonprescription medication by school personnel, a parent or guardian must:

- Complete and return this authorization form with each new nonprescription medication or changes in dose.
- Provide the district with any nonprescription drugs you wish to be administered in its original container from the manufacturer, which must include legible, unadulterated manufacturer instructions. The container must be labeled with the student's name.
- Provide the district with specific written instructions regarding the requested nonprescription drug's administration, including the date(s) the student is to be administered the drug, the dosage to be administered, the frequency of administration, and any other details or conditions relevant to administration.

Name of Medication: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_

Date to begin administering medication: \_\_\_\_\_ Date to end administration: \_\_\_\_\_

Special instructions for the administration and storage of the medication: \_\_\_\_\_  
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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