

PENDLETON SCHOOL DISTRICT 16R

PENDLETON, OREGON

Authorization for Medication Administration by School Personnel

**NON-PRESCRIPTION MEDICATION**

To: Dave Williams, Principal of Sunridge Middle School

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

I give school personnel permission to administer this non-prescription medication to my child, per the following:

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Frequency: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_