

HARDIN COUNTY SCHOOL SYSTEM

**PERMISSION FOR ADMINISTRATION OF  
NON-PRESCRIPTION MEDICATION**

Name of Student \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_

Medication \_\_\_\_\_

Dosage and directions for administration \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

Time of day medication is to be given \_\_\_\_\_

Possible side effects, if known \_\_\_\_\_

Termination Date for administration of medication \_\_\_\_\_

Name of Physician \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

It is understood that the medication is administered solely at the request of and as an accomodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by the Hardin County School System, the undersigned parent or guardian hereby agrees to release the Hardin County School System and its personnel from any legal claim which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for \_\_\_\_\_ to take the above non-prescription medication. I understand that it is my responsibility to furnish this medication.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date