

THE ROEPER SCHOOL

Authorization for Non-Prescription Medication

FOR CAMP USE ONLY:
Date Non-Prescription Medication
received by the Roeper School: _____

Ideally, all medication should be given at home. The Roeper School personnel are not trained health care professionals. Parents and guardians have the primary responsibility for administering their child's medication; however, the school **may** cooperate with parents and guardians in administering non-prescription medication that is authorized by parents or guardians. The Roeper School requires written authorization from a parent/guardian before a student may take non-prescription medication during the camp day. This authorization form must be completed and returned to the main office before medication may be administered. This authorization form covers the non-prescription medication described below and is valid only for the dates indicated below. All non-prescription medication must be delivered to the school by a parent, guardian or an adult designated by the parent/guardian; and delivered in the original container with labeling that includes the name of the medication and the directions for use.

Reminders:

- **All medication must be delivered in its original container (no baggies full of pills are to be carried to the school by the student).**
- **The original dose of medication must be given at home, not at school.**
- **School employees will not administer aspirin unless it is prescribed by a physician.**

This section is to be completed by the student's parent or legal guardian.

Student Name: _____ D.O.B. or Age: _____

Parent/Legal Guardian Name(s): _____ Stage: _____

Name of non-prescription medication: _____

Dosage: _____ Times to be administered: _____

For Period: (Date) _____ To: (Date) _____

Date and time of first dose of medication: Date: _____ Time: _____

Emergency Contact #1: _____ Phone: _____

Emergency Contact #2: _____ Phone: _____

High School Students Only: High school students may carry non-prescription medication to school and responsibly self-medicate provided this form is completed by the parent/legal guardian. I give my permission for my high school student to carry this medication on his/her person and self-administer the medication: Yes No

Notwithstanding, the Roeper School may discontinue the student's self-administration privilege of non-prescription medication upon notice to the parent/guardian.

I acknowledge that I am primarily responsible for administering medication to my child. In the event I am unable to do so, I authorize the Roeper School and its employees and agents, on my behalf and stead, to administer or to attempt to administer to my child or to allow my child to self-administer while under the supervision of an employee or agent of the Roeper School, non-prescription medication in the manner described above. I acknowledge that it may be necessary for administration of non-prescription medication to my child to be performed by an individual other than a school nurse and I specifically consent to such practices. I further acknowledge and agree that when non-prescription medication is administered, I give my permission and authorization for this medication to be administered as prescribed above and for doing so, I release from liability and waive all claims that I may have against the Roeper School, its employees, agents and volunteers for any action or inactions associated with the administration of non-prescription medication to the above student.

Parent/Legal Guardian Signature: _____ Date: _____

Phone Number: Cell: _____ Home: _____

Other Phone Numbers: _____

Discontinuation of Medication

At the time this medication is to be discontinued, the parent/guardian must sign and date this form and return to the school office. Please discontinue dispensing the medication described above for:

(Name of Student) _____ as of (Date) _____

Parent/Legal Guardian Signature: _____ Date: _____