

USD 440 Halstead/Bentley
Leta Thomas, R.N.
School Nurse

Halstead High School
316-835-2682, ext 2308
Fax: 316-835-3673

Halstead Middle School
316-835-2694, ext 2207
Fax: 316-835-2469

Bentley Primary School
316-796-0210, ext 2120
Fax: 316-796-9958

Permission for Nonprescription Medication

Name of Student: _____

School: _____ Grade: _____

Teacher _____

Medication (nonprescription): _____

Amount to be administered: _____

Time of day *medication* is to be administered: _____

Reason for medication: _____

Manner in which medication is to be administered: _____

Date(s) medication is to be given: _____

Please read, date, and sign the following statement:

I hereby give my permission for _____
to take the above medication at school as indicated by my directions. I understand that it is
my responsibility to furnish this medication. I further understand that any school employee
who administers the drug to my student, in accordance with my written instructions, shall not
be liable for damages which might occur from an adverse drug reaction suffered by the
student as a result of administering the drug.

My child has had this medication at least once before without any side effect.

Date

Signature of Parent/Guardian

Note: The medication is to be brought to school in the original container by the parent.