

POLICY IHCD-Administration of Medical Assistance to Students Exhibit 3 - Administering Non-Prescription Medication to Students Page 1 of 2

Student's Name:				
Name of Medication:				
Purpose of Medication:				
Amount to be Administered:				
Administration Time:				
Possible Side Effects:				
Storage Instructions:				
Termination Date for Adminis	ation of Medication:			
Student's Ability to Self-Adm	ster:			
I confirm that I have the authority to sign this consent and will inform any other parent or guardian of the contents of this consent and the fact it has been signed.				
or guardian of the contents (ans consent and the fact it has been signed.			
Parent/Guardian Signature:	Date:			

Notes:

- Contact parent if extra dose is required (i.e. student forgot to take morning dose at home.)
- All medication should be kept in an appropriately secure manner
- Principal must review and initial the Non-Prescription Medication Administration Record on a regular basis.

NON-PRESCRIPTION MEDICATION ADMINISTRATION LOG

Date & Time Administered	Medication	Dosage	Initials