



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

### Authorization for Non-Prescription Medication

Ideally, all medication should be given at home. Farber personnel are not trained health care professionals. Parents and guardians have the primary responsibility for administering their child's medication; however, Farber **may** cooperate with parents and guardians in administering non-prescription medication that is authorized by parents or guardians. Farber Hebrew Day School requires written authorization from a parent for a student to take non-prescription medication during the school day. This form must be completed and returned to Farber's front office before medication may be administered. This authorization form covers the non-prescription medication described below and is valid only for the current school year. All medications must be delivered to school by a parent, guardian or an adult designated by the parent/guardian; delivered in the original container with labeling which includes the name of the student, physician, medication and prescription. No expired medication will be accepted.

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

Student Name: \_\_\_\_\_  
Parent/Legal Guardian Name(s): \_\_\_\_\_  
Name of Medication: \_\_\_\_\_  
Date and time of first dose of medication: Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_  
Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

I give my permission and authorization for this non-prescription medication to be administered as prescribed above and for doing so, I hereby release from liability and agree to indemnify any personnel or volunteers of Farber Hebrew Day School for any action or inactions associated with the administration of non-prescription medication to the above student.

Parent/Legal Guardian Signature: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ (home) \_\_\_\_\_ (work)  
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:

\_\_\_\_\_ as of \_\_\_\_\_  
(Name) (Date)

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