



43 West High Street  
Gettysburg, PA 17325  
717-334-4221 Fax 717-334-8883  
Mrs. Rebecca Sieg, Principal

Authorization for NON-PRESCRIPTION Medication - Confidential

Name of Student \_\_\_\_\_ Date of birth \_\_\_\_\_

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

Medication \_\_\_\_\_

Manufacture's recommended dosage \_\_\_\_\_

Time(s) of day medication is to be given \_\_\_\_\_

Common side effects \_\_\_\_\_

Special instructions by parent/guardian \_\_\_\_\_

Has the first dose of this medication been given? YES NO

\*\* School personnel are prohibited from giving the first dose of any medication.

I understand that some nonprescription medications, which may include the above listed medication, might cause my child to suffer an adverse reaction or other serious medical condition. I hereby release, waive, discharge and covenant not to sue the Diocese, Parish, School or their employees, officials, agents or volunteers for any liability for damages, injury or death that may result from ill effects or adverse reactions to this medication.

I authorize this medication to be administered at the School by staff persons or volunteers who are not physicians, licensed or registered nurses (RNs), or licensed practical nurses (LPNs). I understand, acknowledge and approve that the individuals administering the medication do not have any form of medical license and will not perform a medical assessment of my child prior to administering the authorized medication.

Further, I acknowledge that the School bears no responsibility for ensuring the medication is administered and that the Diocese, Parish, School or other officials, employees, agents or volunteers may decline to administer the medication. If the School declines to administer the medication, the School will take responsible steps to notify you that the medication will not be administered.

I HEREBY CERTIFY THAT I HAVE READ THIS DOCUMENT IN FULL AND THAT I HAVE THE LEGAL AUTHORITY TO CONSENT TO THE ADMINISTRATION OF THIS MEDICATION.

Date \_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_

Printed Name \_\_\_\_\_