

Non-Prescription Medication Form
Danville School
Danville, Vermont 05828
(To be returned to the School Nurse)

I hereby give my permission for my child to take the medication(s) listed below:

Name of Student: _____

Grade: _____ Teacher (if elementary) _____

Medication: _____

Dosage: _____

Directions: _____

Reasons for giving: _____

Date: _____

Signature of Parent/Guardian: _____

No non-prescription (over-the-counter) medication will be given at school until the school nurse receives this completed form with the medication provided in its original container.

All medicine brought into the school must be kept in the Health Room during school hours.

Date received: _____

Signature of School Nurse: _____