

**EMERGENCY AUTHORIZATION TO ADMINISTER  
NONPRESCRIPTION MEDICATION**

For Students in Grades K-8

I hereby authorize the school nurse, or persons designated to administer medication in her absence, to administer nonprescription medication, as indicated, when necessary, advisable, or in an emergency.

\_\_\_\_\_ Aspirin Substitute

\_\_\_\_\_ Cough Formula

\_\_\_\_\_ Antacid

I understand that a school official will require additional verbal approval before administering the medication.

For Students in Grades 9-12

I hereby authorize the school nurse, or persons designated to administer medication in her absence, to administer nonprescription medication, as indicated, when necessary or advisable.

\_\_\_\_\_ Aspirin

\_\_\_\_\_ Aspirin Substitute

\_\_\_\_\_ Cough Formula

\_\_\_\_\_ Antacid

I request that this authorization remain in force as long as my child is a student in this school, unless school personnel are advised in writing of a change.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

\_\_\_\_\_  
Signature of Parent/Guardian/Individual Assuming  
Permanent Care and Custody