



# Ada City Schools Health Services

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## Authorization for Administering Non-Prescription Medication

*Every effort should be made to give medications at home. However, if your child must take a non-prescription medication at school, compliance with the following instructions is required. First doses will NEVER be given at school.*

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Food or Drug Allergies: Yes/No List Allergies: \_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage Amount:** \_\_\_\_\_ **Route:** \_\_\_\_\_

**Time(s) of day to administer:** \_\_\_\_\_

**Medication shall be administered from:** \_\_\_/\_\_\_/\_\_\_ **to:** \_\_\_/\_\_\_/\_\_\_ **or All Year**

**If medication is given "as needed" please describe indication of when to administer:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A new form must be completed for each change in medication and renewed each school year. Medication not sent in the original bottle or container and properly labeled will NOT be given. Medication provided must be new and sealed when signed in.

Only recommended dosage of non-prescription medication that match manufacturer's instructions will be administered. Medication must be provided by parent/guardian in its original container and be labeled with student's name.

I, the undersigned parent/guardian, request that a designated school employee administer to my child the above medication. I understand that this is only effective for the current school year, any changes must be made in writing, and I must pick up the medication at the end of the year or the medication will be disposed of.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date