

**CARBON COUNTY SCHOOL DISTRICT ONE**

**POLICY – JLCD-E2**

**ADMINISTERING NON-PRESCRIPTIVE MEDICINE TO STUDENTS**

In accordance with Carbon County School District One Policy JLCD, the following must be completed and signed prior to administering non-prescriptive-medication. The parents of the child are responsible for completion of part 1. The principal or designee must sign part 2.

1. To be completed by parents:

- a. \_\_\_\_\_  
Child's Name Date of Birth
- b. Name of teacher \_\_\_\_\_
- c. Name of medication \_\_\_\_\_
- d. Dosage to be given \_\_\_\_\_
- e. Times to be given \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent Date

2. The following people are authorized to administer medicine to the above-named child. In signing this form, they hereby acknowledge that they have read and understand part 1 and that they understand Policies JLCD and JLCD-R.

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date

\_\_\_\_\_  
Name Date