

School District of Monticello

Non-prescription Medication Consent

Student _____ Grade _____

Medication _____

Dose to be given _____

How often can be given _____

Reason to be given _____

Length of time can be given (indicate entire school year or specific stop/start dates) _____

- Medications must be provided by parents/guardians, be in the original container, and clearly labeled with the student's name.

I give my consent to School District of Monticello personnel to administer the above medication to my child according to the above written directions.

I further agree to agree to hold the School District of Monticello, its employees, and agents, who are acting within the scope of their duties, harmless in any and all claims arising from administration of this medication at school to my child.

Parent/Guardian Signature _____

Date _____

Phone number _____

