

**CARETAKERS AUTHORIZATION FOR  
PROVISION OF NON-PRESCRIPTION MEDICATION TO STUDENT**

The undersigned is the caretaker, parent, guardian, or person in charge of \_\_\_\_\_  
("the student").

\_\_\_\_\_ Permission is given to provide Tylenol or similar medication as directed on the package for my child during school time as necessary beginning on \_\_\_\_\_(date) and continuing through \_\_\_\_\_(date).

\_\_\_\_\_ Permission is given to provide the non-prescription medication \_\_\_\_\_ for my child during school time beginning on \_\_\_\_\_ (date) and continuing through \_\_\_\_\_(date) according to the following directions:

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

**(Directions must be provided above or we cannot provide the medication.)**

**CHECK ONE (1) OF THE FOLLOWING**

\_\_\_\_\_ I hereby authorize the Mead Public Schools to allow the above named Student to administer the above described medication to himself/herself without monitoring or supervision by school personnel.

\_\_\_\_\_ I hereby request the Mead Public Schools, or its authorized representative, to administer the above named medication to the above named Student, in accordance with the directions given above or printed on the container, and agree to:

1. Submit this request to the building principal.
2. Make sure personally that the medication is received by the principal in the original container.
3. Make sure personally that the container in which the medication is marked with the above named student's name.
4. Provide directions to the school personnel providing the medication.
5. Provide monitoring of the medication's effects, and assume full responsibility therefor.

I understand that school personnel, who are not licensed health care providers, may be assigned to provide medication to my Student and hereby release the Mead Public School District, the Board of Education, and all employees, agents, and representatives of the Mead Public Schools from any liability concerning the providing or non-providing of the medication to the Student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Work Telephone Number

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Printed Name of Parent/Guardian

\_\_\_\_\_  
Alternate Number for Parent

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