

**CLAFLIN JUNIOR-SENIOR HIGH SCHOOL
USD #354**

PERMISSION FOR NON-PRESCRIPTION MEDICATION AT SCHOOL

Name of Student _____ Grade _____

- I hereby give my permission for _____ to carry and self-administer non-prescription/over-the-counter medication at school and school activities.
- I certify that the child named has received at least one dose of the medication and has not had adverse reactions to it.
- I understand that the school shall not be liable for damages as a result of an adverse reaction to the drug.
- I understand that it is my responsibility to furnish this medication.

Signature of Parent/Guardian

Date