



Authorization/Parental Consent for Administering Medication

NON - PRESCRIPTION MEDICATION

School Year ____/____

I, _____, parent/guardian of _____, request that the school nurse or member of the staff of Tidewater Academy administer certain non-prescription medication to my child as listed below.

Medication and Dosage: _____

Reason for Medication: _____

Time and Frequency: _____

I understand that without reservation, I shall not hold the school liable in any way for harm or injury as a result of this medication.

Parent's Signature

Date