



NON-Prescription Medication Permission Slip

2022-2023

Student's Name: _____ Date of Birth: _____

Parent/Guardian printed name: _____

Phone number to contact: _____

Name of non-prescription medication: _____

Dosage Instructions: _____

I understand the medication must be in its original container. I give permission for designated personnel of NSCS to administer this medication. The medication will be returned at the end of the school year.

Parent/Guardian Signature: _____

Date: _____