Kiel Area School District
Nonprescription Medication Consent Form
(Over-the-Counter Medication)

Student _____ Date _____

School _____ Grade _____ Date of Birth _____ Age _____

Physician _____ Hospital/Clinic/Office _____

Physician's Phone No. _____

Nonprescription drugs such as Tylenol (acetaminophen) are **not** available at Zielanis/Meeme schools. These must be sent by a parent/guardian with this signed consent in order for us to give this nonprescription medication to your child.

Name of Medication	Dosage (tsp., tablet)	Approximate Time of Dosage	Side Effects

Parent/Guardian

I hereby give my permission to school personnel designated by the school principal to give medication to my child according to the above written instructions.

I further agree to hold the Kiel Area School District and all employees harmless in any and all claims arising from the administration of this medication in school.

I agree to notify the school **in writing** at the termination of this request or when any change in the above is necessary.

Signature of Parent/Legal Guardian _____

Address _____

Phone _____