Emerson
SCHOOL

5425 Scio Church Rd.
Ann Arbor, MI 48103
734.665.5662
Fax: 734.665.8126

Non-Prescription Medication Form

AUTHORIZATION FOR ADMINISTRATION OF
OVER-THE-COUNTER MEDICATION DURING SCHOOL HOURS

Student's name: _____ Birth date (mm/dd/yy): _____

Name of medication: _____

Reason for medication: _____

Directions for administration of medication:

_____

_____

Anticipated duration of medication use:

_____

I hereby give permission for the above medication to be administered to my child.

_____ _____
Parent/guardian signature Date (mm/dd/yy)