



Bluffview Montessori

Non-Prescription Medications Permission Form

In accordance with Policy 516, nonprescription medications such as Tylenol, Advil, Aspirin, and other over the counter medications may not be carried at school by students. To receive “over the counter” medications students must have written permission of the parent/guardian on an annual (every year) basis. The school may then administer such medications in accordance with dosage, frequency, age, etc. as indicated by the medication label. Non-prescription medications must be provided by the parent/guardian.

Student Name _____ Birthdate: _____

Grade: _____ School Year _____

I give permission for Bluffview Montessori to administer the following non-prescription medication(s).

Medication _____

Dosage _____ Time/Frequency _____

Medication _____

Dosage _____ Time/Frequency _____

Medication _____

Dosage _____ Time/Frequency _____

Medication _____

Dosage _____ Time/Frequency _____

**Parent Request & Consent for Administration of Non-Prescription
Medication/Procedure By School Personnel**

- I request this medication/procedure be administered during the school day as noted.
- Medication will be supplied in its original container.
- I understand that all medication must be delivered to school by the parent/guardian.
Under no circumstances may a student bring in or carry medications in the school
themselves.
- I understand that no medication will be sent home with my child.
- This order is in effect for this school year only.
- I will notify the school in writing with any changes.
- I release Bluffview Montessori School personnel from any liability claims as a result
of the administration of this medication as directed.

Parent/Guardian Signature: _____

Date: _____

Emergency Telephone: _____