

Scholar Academy

Non-Prescription Medication Form

Date

Student Name

Dear Parent,

Please complete the following information and send this form with the non-prescription medication. Non-prescription medication must be stored in the office per school policy.

My child has a one day dose of the non- prescription medication listed below to take today. I have indicated when they will come to the office to take the medication or that it may be used as needed.

Name of non-prescription medication _____

Please mark one:

_____ My child will come to the office at _____ to take this medication.

_____ My child may take this non-prescription medication as needed.

By signing below I acknowledge any unused medication not picked up at the end of the day will be discarded.

Print name

Signature