



Ada City Schools
School Health Services

ACS Health Services
324 West 24th
Ada, Oklahoma 74820
P: 580-310-7283
F: 580-310-7284
E: cuppsa@adapss.com

Authorization for Administering Non-Prescription Medication

Every effort should be made to give medications at home. However, if your child must take a non-prescription medication at school, compliance with the following instructions is required.

Student's Name: _____ Grade: _____

Date Of Birth: _____ Teacher: _____

Parent/Guardian: _____ Relationship: _____

Phone: _____ Work Phone: _____

Emergency Contact - Name and Phone Number: _____

Allergies: _____

Name of Medication: _____

Dosage/Amount: _____

Times To Be Given: *(i.e., Lunch, 2 to 4 hours)* _____

Length Of Time To Be Given: *(i.e., 1 week or as needed)* _____

If Medication is to be given "as needed", please describe indication of when to administer: _____

Only recommended dosage of non-prescription medication will be administered. Medication must be provided by parent/guardian and in original container, labeled with child's name.

I, the undersigned parent/guardian, request that a designated school employee administer to my child the above medication. I understand that any changes must be made in writing.

This is only effective for the current school year.

_____ Date

_____ Parent/Guardian Signature