NORTH CENTRAL ACADEMY

5055 Corey Road
Mancelona, MI 49659
Phone: 231.584.2080
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AUTHORIZATION FOR NONPRESCRIBED MEDICATION | School Year:_____

To the Parent/Guardian: The following information is required for any student to use non-prescribed (over-the-counter) medications at school. All spaces must be completed before any medication will be administered. Parents are responsible for providing all medications for their student. Medication must be brought to the school office by a parent/guardian or approved emergency contact in its original packaging with the student's name on it.

One form must be completed for each student.

Name of Student:	Address:
Age/Grade:	
A. I am requesting permission for my child named above to use or receive the following over-the-counter medication(s):	
Medication:	Dosage:
Medication:	Dosage:
Medication:	Dosage:
B. I will assume responsibility for safe delivery of the medication to school. Medication will be provided in its original packaging and be clearly labeled with the student's name.	
C. I will notify the school immediately if there is any change in the use of the medication, or dosage.	
D. Our physician has instructed that this medication should be administered in the above designated dosage	
E. I release and agree to hold the Board of Directors, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.	
Parent Name (printed):	Parent Signature:
Best Contact #:	Date:
Authorization for Staff	
The following staff members are authorized to administer the above-prescribed medication(s):	
Staff Member Name:	
Staff Member Name:	
Principal's Signature:	