

**Our Lady of Consolation School  
4865 Eleven Mile Road NE  
Rockford, Michigan 49341**

**Non-PRESCRIPTION MEDICATION  
Form and Directions  
2021-2022**

Date \_\_\_\_\_ Grade \_\_\_\_\_

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

Non-prescription medication: \_\_\_\_\_

Reason/condition for administering medication: \_\_\_\_\_

I hereby authorize School Personnel to administer to my child the following non-prescribed medication as directed on the bottle if the Administrator or Administrative Assistant feel it is warranted. Parent must supply the non-prescription medicine along with this form to the School Office where both will be kept. **IMPORTANT: The medication must be sent to school in the original bottle. Please send in pill/tablet form (as opposed to liquid) if at all possible.**

Special directions or circumstances: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency phone \_\_\_\_\_

\_\_\_\_\_  
(Please Print Name)

\_\_\_\_\_  
Parent/Guardian Signature