

New Richland-Hartland-Ellendale-Geneva Public Schools

Independent School District No. 2168



District Office
306 Ash Avenue South
New Richland, MN 56072
507)465-3206
Fax (507)465-8633
Michael Meihak, Superintendent

Secondary School
306 Ash Avenue South
New Richland, MN 56072
(507)465-3205
Fax (507)465-8633
Grant Berg, Principal

Elementary School
600 School Street
Ellendale, MN 56026
(507)684-3181
Fax (507)684-2108
Craig Kopetzki, Principal

Empowering students with knowledge and skills to succeed

Consent Form for Administration of Over the Counter Medication during the School Day

Student Name _____ Birth date _____
Grade _____ Teacher _____

For Non-Prescription/Over-the-Counter Medication:

(acetaminophen, ibuprofen, antacid, cough drops, etc.)

*****MEDICATION MUST BE BROUGHT IN AND SUPPLIED IN ORIGINAL CONTAINER FOR ADMINISTRATION*****

1. I request that the medications listed below be given to my child, as needed, during school hours.
2. I release school personnel from any liability in relation to the proper administration of this medication at school. (administration of this medication will be done by the school nurse or staff member designated by the school nurse)
3. I understand I must supply the medication in the original container and it will be kept in the health office.
4. I understand over-the-counter medications may not be administered in excess of label recommendations unless a physician order is received.
5. I understand that non-FDA approved medications will not be given.

Medication	Dosage	Time	Reason
1. _____			
2. _____			
3. _____			
4. _____			

Signature of parent/guardian _____ Date _____