Non-Prescription Medication

Parents of students requesting that nonprescription medication be administered by school staff are requested to provide the following for Groves Academy:

1. Signed **Parental Release** and email completed form to **nurse@groveslearning.org**.
2. Medication supplied in the original container
3. Parent must provide the medication for their child

Student Name	**Date of Birth**

Parent Authorization to Administer Non-Prescription Medication

Medication	Dose	Time	Treatment Of:	Possible Side Effects:	Special Instructions:	Medication Allergies:

Parent Request for Administration of Medication

I request this medication be given to my child as requested. I UNDERSTAND THAT THIS MEDICATION MAY NOT BE ADMINISTERED BY A SCHOOL NURSE, BUT BY SCHOOL STAFF MEMBER. I release Groves' personnel from any liability in the administration of this medication.

Parent/Guardian Signature	**Date**	**Phone Number**	**Cell Phone**

3200 Highway 100 South, St. Louis Park, MN 55416 | Phone: 952-920-6377 | Fax: 952-920-2068 | groveslearning.org