

Highland Park Independent School District School Health Services

NON-PRESCRIPTION MEDICATION PERMISSION FORM

Date _____

Student _____

Dear Parent/Guardian:

Highland Park High School allows 9- 12 grade (**high school only**) students to carry **small** bottles of non-prescription medications. However, the student must have **a permission form, from the school, signed by the parent/guardian, in the nurse's office.** If the student is found with medication in his/her locker or on his/her person, without the afore mentioned form signed, the medication will be confiscated and the parent will be called to verify the contents and be required to sign a permission form.

1. Written permission of the parent/guardian is required for the student to carry the **non-prescription** medication on their person.
2. The medication must be in its **original container** and legibly labeled with the student's full name.
3. Sample bottles are the appropriate size for the students to carry.
4. The student is not permitted to share their medication with other students (an allergic reaction could result).
5. **Prescription medication must be kept in the nurse's office. Inhalers** are a prescription medication and the student must have written permission from **both** the doctor and parent/guardian to have the inhaler on their person. These forms are kept in the nurse's office.

Name of Medication: _____

I understand that the parent/guardian accepts the legal responsibility should the above medication be lost, given or taken by a person other than the above named student. If this should happen the privilege of carrying this medication may be revoked. I further understand that the Highland Park I.S.D. is released of any legal responsibility when the above named student administers his/her own medication.

Signature of Parent/Guardian

Date

I understand how much and when to take the above named medication. I **will not** allow another student to take my medication under any circumstances. I also understand that should another student take my medication the privilege of carrying my own medication may be taken away.

Signature of Student

Date