

Seabrook Middle School

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Jaime Parsons
Principal

Jordenne Sargent, BSN, RN
School Nurse

**NON-PRESCRIPTION
MEDICATION AUTHORIZATION**

Child's name _____
Last First Date of Birth Grade

I request that my child be assisted by authorized persons at school in taking the medication described below.

Name of medication _____

Dosage to be given _____

Time/reason to be given _____

Other special instructions or precautions _____

Beginning on _____ to _____

I understand that the medication is to be brought to the nurse's office, by an adult, in the original labeled container (indicating the name and strength of the medication). I will not hold liable any member of the school staff who is directed by the school administrator to assist my child in taking said medication.

Signature of parent/guardian _____

Date _____