



Box Elder School District
 Dr. Martell Menlove, Superintendent
 O. Jay & Tamra Call Education Center
 960 South Main Street
 Brigham City, Utah 84302

Board of Education
 William Harrison
 Brent Shaffer
 Connie Archibald
 Nancy Kennedy
 Kevin Packer
 Heather Young
 James Fuller

REQUEST FOR ADMINISTRATION OF MEDICATION NON-PRESCRIPTION

In accordance with Box Elder School District's Safe Schools Policy, students are not allowed to have any medication in lockers, backpacks, or pockets (even over-the-counter medications) unless specifically ordered by a physician. If your child needs to take a non-prescription medication while at school, please complete this form. The school secretary or other designated personnel will keep the medication safely locked away, and will dispense the medication as indicated below. ***In accordance with state law, we cannot dispense any medication unless the parent/guardian brings it to the school. Medication must be in the original, labeled container. Other bottles, baggies, or containers will not be accepted.***

PLEASE NOTE: Prescription medications, including asthma inhalers require completion of a different form.

Student Name: _____ Birth date: _____

School/Location: _____ Grade: _____

Teacher: _____ Name of Medication: _____

Dosage: _____ Time of Day for Medication: _____

Administration Instructions: _____

I, the undersigned, request and authorize the school nurse, secretary, or alternate personnel to administer medication as described above.

 Parent/Guardian Signature

 Date

Office of the School Nurses

Phone: 435-734-4800
 Fax: 435-734-4833
 Web: www.nurses.besd.net