



Rio Rancho Public Schools

AUTHORIZATION TO ADMINISTER OVER THE COUNTER
MEDICATION
(one form per medication)

DATE GRADE

STUDENT D.O.B.

I authorize the School Nurse or designee to administer the following medication to my student.

Medication

Amount

Time

Reason

Date Received Expiration Date

Number Received Nurse/HA Signature

Signed Phone #
Parent or Guardian

MEDICATION MUST BE SUPPLIED TO THE HEALTH OFFICE IN THE ORIGINAL SEALED CONTAINER

Parents must initial any special directives added in the space below:

Box containing three lines for parent initials and special directives: 'I will pick up any unused medication on the last day of school.', 'Please send home any unused medication with my child on the last day of school. I assume all liability in the transport of the medication via my child. (NOT APPLICABLE FOR ELEMENTARY STUDENTS)', and 'Please discard any unused medication on the last day of school.' followed by 'End of the year instructions'.