

Authorization for Acetaminophen, Ibuprofen and Benadryl ONLY
During School Hours

My Child/ward _____ may receive the
following non-prescription medication during school hours.

Name of non-prescription medicine: _____

Dosage: _____

Time Schedule: _____

Reason for administration: _____

I do hereby release, discharge, and hold harmless the Unionville-Chadds Ford School District, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication to my child/ward should there develop an allergic or any other reaction from the medication.

Medication must be supplied in the original container.

Date: _____

Signature of Parent or Guardian: _____

Telephone number: _____