

**Rush City Public Schools  
Independent School District #139**

**Non-Prescription Medication Authorization Form**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Date \_\_\_\_\_ Medication \_\_\_\_\_

For the treatment of (please be specific): \_\_\_\_\_

Dosage and Frequency (must be within labeled specifications) \_\_\_\_\_

Special Instructions \_\_\_\_\_

Start date \_\_\_\_\_ Last date to be given \_\_\_\_\_

*Please note: this authorization must be signed by a parent or guardian only, and medication must be supplied in the original bottle or packaging.*

I request that this medication be given at the specified times and dosages.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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