

**REGULATION  
PARENTAL AUTHORIZATION  
FOR DISPENSING NON-PRESCRIPTION MEDICATIONS**

**Burlington Public Schools  
Parental Authorization  
for Dispensing Non-Prescription Medications**

The undersigned, \_\_\_\_\_, is parent, guardian or custodian  
of \_\_\_\_\_ who attends Burlington School.

**If this child is injured or becomes ill** at school, I hereby authorize school personnel  
or

\_\_\_\_\_  
(Name and how this person may be reached.)

to administer **non-prescription medicine, WHICH I AM HEREBY SUPPLYING,**

**having clearly marked the medicine with the child's name,**

to the child in the event I cannot be contacted to give my consent to administer the  
medicine.

\_\_\_\_\_  
Parent with legal custody or Guardian

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

