



BERKLEY SCHOOLS

ENGAGE INSPIRE ACHIEVE
WWW.BERKLEYSCHOOLS.ORG

Berkley Building Blocks Nonprescription Medication Consent Form (Over-the-Counter Medication)

(Please Print)

Student _____ Date of Birth _____ Age _____. Date _____.

School _____ Room # _____. Teacher _____.

Physician _____ Physician's Phone No. _____.

Nonprescription drugs are **not** available at Berkley Building Blocks. These must be sent in by a parent/guardian with this signed consent form in order for us to administer this nonprescription medication to your child. The following will need a Doctor's note to administer – Cough or cold medications for children under 2 years old, orajel, or the use of infant dropper (a syringe would not need Doctor's note).

| Name of Medication | Dosage (tsp., tablet) | Approximate Time of Dosage | Side Effects |
|--------------------|-----------------------|----------------------------|--------------|
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Parent/Guardian

I hereby give my permission to Berkley Building Blocks school personnel designated by the school principal to give medication to my child according to the above written instructions.

I further agree to hold the Berkley School District and all employees harmless in any and all claims arising from the administration of this medication in school.

I agree to notify the school **in writing** at the termination of this request or when any change in the above is necessary.

Signature of Parent/Legal Guardian _____.

Address _____ Phone _____.

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berkley building blocks