



Carbon Lehigh Intermediate Unit #21

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AUTHORIZATION FOR NON-PRESCRIBED MEDICATION DURING SCHOOL HOURS

The following student must receive the non-prescribed medication listed below during school hours in order to maintain sufficient health to participate in the school program:

NAME OF STUDENT _____

NAME OF MEDICATION (check all that apply)

- Acetaminophen (generic Tylenol)
- Ibuprofen (generic Advil)
- Antihistamine (for allergic reactions)
- First aid cream
- Vaseline
- Caladryl
- Throat lozenges
- Maalox and equivalent antacids
- Other: _____

ALL MEDICATION WILL BE GIVEN AT STAFF DISCRETION AS PER MANUFACTURER'S RECOMMENDED TIME AND DOSAGE, UNLESS OTHER INSTRUCTIONS ARE NOTED BELOW:

I do hereby release, discharge and hold harmless the Carbon Lehigh Intermediate Unit, its agents and employees, from any and all liability and claim whatsoever for the administration of the above medication.

I have read and agree to the above medication policy:

Signature of Parent/Guardian

Date

Building

Original: Teacher's Classroom Student File
Copy: CLIU Transportation Office

authnonprescribedmeds

Helping Children Learn

"CLIU is a service agency committed to Helping Children Learn."