



HARMONY SCIENCE ACADEMY

2031 S. Texas Ave, Bryan, TX 77802 ♦Tel: 979.779.2100 ♦Fax: 979.779.2110 ♦www.hsabcs.org

10 DAY NON-PRESCRIPTION MEDICATION AUTHORIZATION FORM

I request that my child be assisted by the school nurse at Harmony Science Academy-Bryan/College Station to take the medication listed below. (The medication will be provided by the parent.) I understand that any non-prescription medication can only be given for 10 school days. If medication is required after 10 days, I understand that I will need a written authorization by the child's physician for medication to be given at school. Medication must be in the original package with instructions included. If liquid, a measuring device must be provided. No vitamins or herbal supplements will be given at school.

Student: Grade: _____

DOB: _____ Diagnosis: _____

Medication: _____

Dose: _____

Route: _____ Frequency: _____

Date to Start: _____ Date to Stop: _____

Reason medication has to be given during school hours: _____

Parent Printed Name: _____

Parent Signature: _____

Date Signed: _____

Date Received: School Nurse: _____