RINGWOOD BOARD OF EDUCATION

Adoption Date: June 24, 2024

FFACA-E3

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EMERGENCY AUTHORIZATION TO ADMINISTER NONPRESCRIPTION MEDICATION

For Students in Gra	ades K-8		
I hereby authorize to nonprescription me	the school nurse, or persons de dication, as indicated, when n	esignated to administer medication eccessary, advisable, or in an emo	on in her absence, to administer ergency.
Aspirin Subs	stitute	Cough Formula	Antacid
I understand that a school official will require additional verbal approval before administering the medication.			
For Students in Grad	des 9-12		
I hereby authorize the school nurse, or persons designated to administer medication in her absence, to administer nonprescription medication, as indicated, when necessary or advisable.			
Aspirin	Aspirin Substitute	Cough Formula	Antacid
I request that this aut are advised in writing	thorization remain in force as ig of a change.	long as my child is a student in	this school, unless school personnel
Student's Name		Grade	e Date
		Grade	e Date
Student's Name School			nardian/Individual Assuming
		Signature of Parent/Gu	nardian/Individual Assuming
		Signature of Parent/Gu	nardian/Individual Assuming
		Signature of Parent/Gu	nardian/Individual Assuming
		Signature of Parent/Gu	nardian/Individual Assuming
		Signature of Parent/Gu	nardian/Individual Assuming
		Signature of Parent/Gu	pardian/Individual Assuming

Revision Date(s):