



Southampton High School
23350 Southampton Parkway
Courtland, Virginia 23837
Phone 757-653-2751
Fax 757-653-0414

Parental Request for Non-Prescription Medication Administration

I, _____, parent or guardian of
_____ hereby, request that the
school nurse or member of the staff of Southampton High
School administer certain non-prescription medication to my
son/daughter as listed below.

Medication and Dosage_____

Reason for Medication_____

Time and Frequency_____

**I understand that without reservation, I shall not hold the
school liable in any way for harm or injury as a result of this
medication.**

Parent's Signature

Date