



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

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**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**