MEDICATION REQUEST

Over the Counter (OTC) or Non-prescription medication

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the school nurse (RN) and trained campus staff. Parent/guardian must give a written request. The **medication must be in the original container** and properly labeled with student's first and last name. This is a state requirement.

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER.

NAME OF STUDENT: _____DOB: _____

TEACHER: _____ GRADE: _____

NAME OF MEDICATION: _____

REASON OR HEALTH PROBLEM: _____

DOSAGE: (amount) _____

TIME TO BE GIVEN AT SCHOOL: _____

MEDICATION TO BE GIVEN FROM (Dates): _____ TO: _____
(Write "as needed" if throughout school year)

HOW IT IS TAKEN: _____
(Example: by mouth, by inhaler, with food or after meals)

SPECIAL INSTRUCTIONS OR STORAGE INFO:

_____

_____ _____
PARENT'S/GUARDIAN SIGNATURE DAYTIME PHONE

_____ _____
PHYSICIAN'S NAME PHYSICIAN'S PHONE

Reviewed by RN: Staff_____ may/_____ may not administer _____

_____ _____
RN (Print Name) RN Signature