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 <u>medication must be in the original container</u> 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): _ (Write "as needed" if throughout school ye	ear)	
HOW IT IS TAKEN:(Example: by mouth, by inhale	er, with food or after meals)	
SPECIAL INSTRUCTIONS OR STORAGE INFO:	:	
PARENT'S/GUARDIAN SIGNATURE	DAYTIME PHONE	
PHYSICIAN'S NAME	PHYSICIAN'S PHONE	
viewed by RN: Staff may/ may not ad	dminister	
I (Print Name)	RN Signature	_