



MEDICATION REQUEST FORM

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 or 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.

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: _____

DOSAGE: (amount) _____

TIME TO BE GIVEN AT SCHOOL: _____

REASON OR HEALTH PROBLEM: _____

MEDICATION TO BE GIVEN FROM: _____ TO: _____

HOW IT IS TAKEN: _____

(Example: by mouth, by inhaler, with food or after meals)

WHEN WAS FIRST DOSE OF THIS MEDICATION GIVEN? _____

PARENT SIGNATURE: _____ DAYTIME PHONE: _____

PHYSICIAN'S NAME: _____ PHYSICIAN'S PHONE: _____

School Nurse Review

RN (Print Name): _____ RN Signature _____

Date _____