

SCHOOL DISTRICT OF LODI

District Office	High School	Middle School	Elementary School	Primary School
115 School Street 608-592-3851 Fax: 608-592-3852	1100 Sauk Street 608-592-3853 Fax: 608-592-1045	900 Sauk Street 608-592-3854 Fax: 608-592-1035	101 School Street 608-592-3842 Fax: 608-592-1025	1307 Sauk Street 608-592-3855 Fax: 608-592-1015

NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION FORM

Medications are to be given at home, whenever possible. If it is necessary for a student to receive medications at school, all appropriate portions of this form **MUST** be completed before a medication can be given at school. **For PRESCRIPTION MEDICATION, please fill out the prescription medication form.**

Parent may allow over-the-counter medications **ONLY if they are within therapeutic dose as labeled on medication packaging for your child's age and/or weight.** If the desired medication is above the therapeutic dosage allowed per packaging or there are additional safety concerns regarding the medication, the school may request that a health care practitioner reviewed and authorized in writing the administration of the medication.

Student Name: _____ **School:** _____ **Grade:** _____

Date of Birth: _____ **Age:** _____ **Weight:** _____

Medication Name:	Route	Dose	Frequency /Time	Start date	End date	Possible Side effects:

We have some stock medications in the nurse's office. If you want your student to be able to use these medications at school, please check yes.

- Yes No Hydrocortisone Cream 1% - for rash
 Yes No Triple Antibiotic Cream- for minor scrapes and cuts.
 Yes No Cough drop: containing menthol- for sore throat or cough

PARENT/GUARDIAN CONSENT:

REQUIRED SIGNATURES

I have read the medication policy and understand my parent responsibilities in providing my child this medication at school. The above medication is to be administered during the school day in accordance with the above instructions and agreements. I agree to accept communication about student/medication and understand the medication will be given by non-medically trained school personnel.

Parent/Guardian Signature: _____ **Date:** __/__/__

Date Received at School: ____/____/____ Received by: _____