

Over-the-Counter Medications

The district may administer over-the-counter medication to a student upon receipt of a written request and permission to do so by the parent/guardian. All over-the-counter medications must be delivered to the school principal or designee in the manufacturer's original packaging and will only be administered in accordance with the manufacturer's label.

NO CHILD WILL RECEIVE ANY MEDICATION AT SCHOOL WITHOUT THE HEALTH HISTORY FORM COMPLETED.

TO BE COMPLETED BY PARENT/GUARDIAN

Child's Name: _____ Male/Female: _____

Student ID: _____ Student's Date of Birth: _____ Grade: _____

Name of Medication: _____

Weight: _____ Dose: _____ Frequency: _____ Method to be given: _____

Is child authorized to medicate himself/herself? Yes/No

Date of service start: Month: _____ Year: _____ End Date: Month _____ Year: _____

Special Instructions:

Parent/Guardian Signature

Date

Home Phone

Emergency Number