



Wissahickon School District

Parent/Guardian Request for Administration of Non-Prescription “Over the Counter Medication” During School Hours

Student Name: _____ Grade/Room: _____

Allergies to: _____

Requested Non- Prescription Medication to be taken at school: _____

*Medication Dosage: _____

Reason for Medication: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed name: _____

Date: _____

*Dosage may not exceed manufacturer’s recommended dosage, except specifically designated in a physician’s written order. The School Nurse reserves the right to withhold over-the-counter medication based on the student’s condition or potential for excessive medication ingestion.

Any non-prescription medication to be given during the school hours must be delivered directly to the School Nurse. The medication must be brought to school in the original pharmaceutical dispensed and properly labeled container

Non-prescription (Over-the-Counter) medications must be provided by the parent/guardian and accompanied by a written note with the information outlined above. Non-prescription medication will not be administered without this written note. No homeopathic or herbal product will be administered without a physician’s written order.