

River View Local School District

Medication Record

Grades 7-12 ONLY

TO BE COMPLETED BY PARENT/GUARDIAN FOR OVER-THE-COUNTER(OTC)/ NON-PRESCRIPTION MEDICATIONS ONLY.

NOT FOR PRESCRIPTION MEDICATIONS.

- ◆ Separate form required for each medication
- ◆ New form must be submitted at the beginning of each school year and for each new medication.
- ◆ Medication remaining at the end of the school year must be claimed or it will be discarded.
- ◆ Student must supply all OTC medications in original bottle. (No medications are supplied by the school.)

I hereby request and give my permission to the principal, or designated school personnel, to administer the following medication to my child. I acknowledge that my child has taken this medication previously and had no adverse reaction to it.

NAME OF STUDENT

GRADE

has my permission to take

NAME OF MEDICATION

EVERY

STRENGTH / QUANTITY

HOW OFTEN

for

CONDITION TO BE TAKEN FOR (EXAMPLE: HEADACHE)

DATE

SIGNATURE OF PARENT/GUARDIAN

Developed: 8/2000
Revised: 6/2016

This form to be filed (along with Authorization to Administer Medications form, if applicable) in Green Health Folder when completed.