



**Orono Schools Health Services**  
Administration of Over the Counter (**OTC**) Medication  
At School Request Form

School Year: \_\_\_\_\_

Parents of a student requesting that over the counter medication be administered during school hours by school staff are required to provide for the school: **a parental release** and medication supplies in the **original medication bottle clearly labeled with the student's name** (please check with the health office to see if this OTC medication is already stocked at school).

Student name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Parental Request for Administration of OTC Medication**

I request this medication to be given as instructed:

\_\_\_\_\_ Daily

\_\_\_\_\_ As needed

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

For treatment of: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Administering instructions: \_\_\_\_\_

Other instructions: \_\_\_\_\_

If the student is in grade 6-12, are they OK to self carry ibuprofen/acetaminophen:  Yes  No

N/A

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Schumann Elementary Health Office	Phone: (952) 449-8487	<b>Fax: (952) 449-8499</b>
Orono Intermediate School Health Office	Phone: (952) 449-8473	<b>Fax: (952) 449-8479</b>
Orono Middle School Health Office	Phone: (952) 449-8461	<b>Fax: (952) 449-8453</b>
Orono High School Health Office	Phone: (952) 449-8417	<b>Fax: (952) 449-8449</b>

*For School Health Office Use Only*

<b>Date Medication Received</b>	<b>Unit Dosage</b>	<b>Count</b>	<b>Expiration Date</b>	<b>Initials of Person Receiving</b>

Initials

Signature

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