

## SCHOOL DISTRICT OF LODI

|  |   |  |  |   |
|--|---|--|--|---|
| <b>District Office</b>                                 | <b>High School</b>                                    | <b>Middle School</b>                                 | <b>Elementary School</b>                               | <b>Primary School</b>                                 |
| 115 School Street<br>608-592-3851<br>Fax: 608-592-3852 | 1100 Sauk Street<br>608-592-3853<br>Fax: 608-592-1045 | 900 Sauk Street<br>608-592-3854<br>Fax: 608-592-1035 | 101 School Street<br>608-592-3842<br>Fax: 608-592-1025 | 1307 Sauk Street<br>608-592-3855<br>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
- Yes  No Sting relief: Lidocaine 2.0% and Ethyl Alcohol 50%- for Bee stings and other stinging/ biting insects
- Yes  No Burn Cream: Lidocaine 0.5% and Benzalkonium 0.13%- For small first or second-degree burns

### 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: \_\_\_\_\_