EPISCOPAL
COLLEGIATE SCHOOL

Time Limited Rx and OTC Medication Administration Form

All medication must be in an original current container.

Prescription (Rx) label directions will be followed. Prescription medication will be dispensed for no longer than **ten** days. Any medication that is to be dispensed for longer than ten days, as prescribed by a physician, must fill out the Long Term Medication Consent Form.

Label directions will be followed on all over-the-counter (OTC) medications. Any variation will require doctor's orders. Over-the-counter medication can be dispensed for **five** consecutive days, or taken periodically (PRN) throughout the year as long as it does not exceed the five consecutive days.

A parent or guardian must bring medication to the Health Room. **MEDICATIONS ARE NOT TO BE SENT TO SCHOOL THROUGH THE STUDENT.** Students are responsible for coming to the Health Room to take their medication at the given time. (Exception: Lower School Students will be reminded to come take their medication)

Student Name_____ **DOB**_____

Grade_____ **Teacher or Advisor** _____

Medication _____ **Dose** _____ **Dosing Time(s)**_____

Reason for Medication_____

I _____(print parent/guardian name) certify that at least two doses of the medication listed above have been given previously and NO adverse reactions were noted. I also give permission for the school nurse or person designated by the school nurse to administer the above medication and hereby release and relinquish the Episcopal Collegiate School personnel from any and all claims or causes of action which I might individually, directly, or indirectly, have on behalf of my child taking the above listed medication.

Parent/Guardian Signature _____ Date _____

Contact Number _____Physician's Name_____

Date	Time(s)	Signature of Administrator