



Non-Prescription (OTC) Medication Authorization Form

Date of Request: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student Birthdate: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Parent Daytime Phone: \_\_\_\_\_

Allergies: Medication: \_\_\_\_\_ Food/Environmental: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

**The amount and frequency of medication must agree with package directions, otherwise a physician's order is required**

Amount to be given: \_\_\_\_\_ Frequency of administration \_\_\_\_\_

Date medication is to be discontinued: \_\_\_\_\_. A new request is required each school year.

I request this medication be given to my child during school hours. I fully understand that trained NON-MEDICAL District personnel may administer the medication. I understand that the School District, the Board, and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medicine to a student, provided such administration conforms to the requirements of this policy.

**Pre-K – 3<sup>rd</sup> Grade:** No OTC medication will be given before 11 AM or after 1 PM to students in these grades, unless the school nurse is notified by the parent (by phone or written note). This is to prevent accidental over-medication of these young children.

**GUIDELINES FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS**

- Over-the-counter (OTC) or non-prescription medications can only be administered in school with a Non-prescription Medication Authorization Form (WFISD Form #499-185) that is signed by a parent/guardian of the student.
- All OTC medications must be provided by the parent/guardian and delivered to the school clinic by the parent/guardian or designee, over the age of 18, **not including the student**.
- All OTC medications must be in the original, factory-sealed container.
- The directions on over-the-counter packaging regarding age, dose and frequency will be strictly adhered to. Requests to alter the dosage or frequency of OTC medications must be accompanied by a physician's written note stating the dosage and frequency of the medication to be given (fax may be accepted).
- A written request from a physician will be required for any OTC administered over 10 consecutive school days (fax may be accepted).**
- No OTC medication will be given for fever reduction in the school setting.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Parent/Guardian Email Address

**For Clinic Use Only.**

Medication Order Reviewed by Supervising RN: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Time	Medication Name	Amount of Medication (Number) / Medication Destroyed Code*	Parent/Guardian Signature	Nurse's Signature

\*Medication Destroyed Codes: **W:** Wasted (contaminated); **E:** End of school (left in clinic); **C:** Student changed schools/moved (left in clinic).