

# NON-PRESCRIPTION MEDICATION REQUEST FORM

The Orange County Public School personnel may give nonprescription medication to students only with the written permission of the parent or guardian. Such permission shall include the name of the medication, the required dosage of the medication, and the time the medicine is to be given. Such medicine must be in the original container and delivered to the principal, school nurse, or school designee by the parent/guardian of the student.

- The Non-Prescription Medication Request Form shall be signed by parent/guardian.
- The medication shall be given to the school nurse, principal, designee by the parent/guardian
- The medication is in the original container.

Name of Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

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

- Name of Medication: \_\_\_\_\_
  - Required Dose: \_\_\_\_\_
  - When to be used by student: \_\_\_\_\_
- Name of Medication: \_\_\_\_\_
  - Required Dose: \_\_\_\_\_
  - When to be used by student: \_\_\_\_\_
- Name of Medication: \_\_\_\_\_
  - Required Dose: \_\_\_\_\_
  - When to be used by student: \_\_\_\_\_
- Name of Medication: \_\_\_\_\_
  - Required Dose: \_\_\_\_\_
  - When to be used by student: \_\_\_\_\_

If you have any questions about the use of or distribution of nonprescription medication to students, please contact your school nurse.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Work Telephone #

\_\_\_\_\_  
Cell Phone #