

Non-Prescription (OTC) Medication

Permission for School Administration

For HCS Nurse use:

Entered

Scanned

IHP

EAP

Please read the following:

1. Medication should be administered by a parent/guardian before or after school, when possible.
2. First doses of a medication that a child has never received will not be given at school.
3. Medication must be brought to school by a responsible adult. **(Do not send medication in with a child.)**
4. Non-Prescription, also known as **Over the Counter (OTC)** medications, must be delivered to the school nurse in the **unopened, original container with the manufacturer's label.**
5. Due to limited storage space, please do not bring large quantities of OTC medications.
6. **Over the Counter (OTC)** medications may only be given within the limits and according to the instructions printed on the manufacturer's container or the package insert. If the OTC medication is to be dispensed outside of the recommended manufacturer's guidelines, then a Physician's order will be required. Also, if the OTC medication is to be given longer than recommended guidelines a Physician's order will be required.
7. Herbal substances are not considered medication and will not be administered by the school nurse.
8. You **MUST complete a separate form for each medication** that is to be given at school.
9. You **MUST complete a separate form for each of your children** that is to be given the medication while at school.
10. HCS district may reject requests for certain medications to be given at school.

Child's Full Name: _____ **Grade Level:** _____

Date of Birth: _____ **Gender:** Male or Female

Name of (OTC) Non-Prescription Medication to be given:	Reason(s) for this Medication to be given at school:
Dose / Amount: (must be according to the manufacturer's instructions)	Frequency: (must be within the limits of the manufacturer's instructions)
Number of days this medication will be given at school: <input type="checkbox"/> until the end of the current school year <input type="checkbox"/> _____ days	Special Storage Requirements: <input type="checkbox"/> No <input type="checkbox"/> Yes: _____

Does this child have any known allergies? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list all known allergies and type of reaction(s): _____)
Does this child take any additional medications at home or at school? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list the medications taken at home): _____

<p>By signing below, I understand and agree to the following:</p> <ul style="list-style-type: none"> ▪ I have read and understand statements numbered 1 through 10 at the top of this form. ▪ I agree to follow the HCS district policies concerning medications. ▪ I request and agree for my child to be given the above medication while at school per HCS district's policies. ▪ I agree for information about this medication and/or my child's health to be exchanged between the HCS school nurse or designated HCS employee and/or my child's Health Care Provider. ▪ I agree for information about my child to be shared with those who legitimately need to know for the safety and well-being of my child. ▪ I agree that I am responsible for providing the school with the medication for my child and any supplies needed. ▪ I agree that I am responsible for notifying the school if my child's health and/or medication(s) change in any way.
<p>_____ Parent/Guardian's Signature _____ Parent/Guardian's Name (Print) _____ Date _____ Phone Number</p>

**Please note: This form is only valid if signed and dated on or after July 1 for the upcoming school year.
 This form remains in effect if the child transfers to another school within HCS district during the current school year.*