

NON-PRESCRIPTION MEDICATION REQUEST FORM:

Orange County Public School personnel may give non-prescription (over the counter, OTC) medication to students only with the written permission of the parent or guardian. Such permission shall include:

- name of the medication
- required dosage of the medication
- when the medicine is to be given (i.e. every 4 hours, once daily, as needed, etc.)

Such medicine must be in the **original, unopened container** and delivered to the principal, school nurse or school designee by the parent/guardian of the student. No herbal or non-FDA approved medications will be administered. All OTC medication doses requested per the parent/guardian must be within the established age, weight, and frequency based guidelines as listed on the manufacturer label, in order to be administered to the student.

Name of Student: _____ **Date of Birth:** _____ **Grade:** _____
School: _____








1) Name of Medication: _____
 Required Dosage: _____
 When/frequency to be used by student: _____

2) Name of Medication: _____
 Required Dosage: _____
 When/frequency to be used by student: _____

3) Name of Medication: _____
 Required Dosage: _____
 When/frequency 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 Phone: _____ **Work Telephone:** _____ **Cell phone:** _____

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|---|--------------------------------------|---|---------------------------------|
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