

Non-Prescription Medication

Permission for School Administration

HCS Nurse use:
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Please read the following:

1. HCS District may reject requests for certain medication(s) to be given at school.
2. Medication should be administered by a parent/guardian before or after school, when possible.
3. The **first dose** of a new medication that a child has never received will not be given at school.
4. **Herbal substances and other Supplements** are not considered medication and will not be administered.
5. **Non-Prescription**, also known as **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 given outside of the recommended manufacturer's guidelines, then a Physician's order will be required.
6. **Over the Counter (OTC)** medications must be delivered to the school in the **unopened, original container with the manufacturer's label**.
7. **Bring a small unopened bottle.** (Do not bring large quantities of medications, due to limited storage space.)
8. This form is still valid if the student transfers to another school within the HCS District during the current school year.
9. You must complete a form for each medication and a form for each of your children that is to be given the medication.
10. **Do not send medication in with a child.** (Medication must be brought to the school nurse by a responsible adult.)

Student's Full Name: _____

Date of Birth: _____ **Grade Level:** _____

Parent/Legal Guardian must complete the following:

| | |
|---|--|
| Name of Non-Prescription Medication to be given: | Reason(s) for this medication to be given at school: |
| Dose / Amount to be given at school: <small>(must be according to and within the limits the manufacturer's instructions)</small> | Frequency to be given at school: <small>(must be within the limits of the manufacturer's instructions)</small> |
| Number of days this medication will be given at school: <input type="checkbox"/> <i>until the end of this school year</i> <input type="checkbox"/> _____ <i>day(s)</i> | |
| List any known allergies and the type of reaction(s) this child has: _____ | |
| List any additional medications this child takes at home or at school: _____ | |

By signing below, I understand and agree to the following:

- 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.
- I agree for information about this medication and/or my child's health to be exchanged between the HCS nurse or designated HCS employee and/or my child's Health Care Provider or their designee.
- I agree for information about my child to be shared with those who need to know for their safety and well-being.
- I agree that I am responsible for providing the school with the medication and any supplies needed for my child.
- I agree that I am responsible for notifying the school if my child's health and/or medication(s) change in any way.

Signature of Parent/Legal Guardian Today's Date Phone Number Relationship to Student

** To be valid for the school year this form must be signed and dated on or after July 1st*