



**ROBERTSON COUNTY SCHOOLS
SCHOOL NURSING SERVICES**

800 M.S. Coutts Blvd., Suite #1
Springfield, TN 37172
Phone: 615-382-3606 Fax: 615-382-2306

OTC MEDICATION ORDER FORM

Student _____ **DOB** _____

School _____ **Grade** _____ **Teacher** _____

The medication administration policy of the Robertson County School System states that a parent/guardian must bring medications to school. Non-prescription medications must be brought in a new, unopened container. Medications shall be kept in a secure area of the clinic. Emergency medications may be kept with students if noted by the physician and parent.

TO BE COMPLETED BY THE SCHOOL NURSE

Name of Medication _____ **Scheduled Time** _____

Dosage, Frequency, and Route _____

Form of medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Injection ☐ G-tube ☐ Inhaler
☐ Nebulizer ☐ Other _____

Reason for medication _____

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other _____

Date Medication Received in clinic _____

School Nurse Signature _____

TO BE COMPLETED BY PARENT/GUARDIAN

My child has permission to receive the above medication during the school day, assisted by trained school personnel as necessary.

Parent Signature _____ **Date** _____

Phone Numbers in case of emergency _____

*****Only completed forms will be honored. Written authorization is for current school year only.*****