



Department of School Health Services

Non-Prescription (OTC) Medication Authorization Form

Date of Request: _____ School: _____ Grade: _____

Name of Student: _____ Birth date: _____

Home Phone: () _____ Emergency Phone: () _____

Allergies: Medication: _____ Food/Environmental: _____

Name of Medication: _____

The amount and frequency of medication must agree with package directions, otherwise a physician's order is required.

Amount to be given: _____

Frequency of administration: _____

Date medication is to be discontinued: _____

I request this medication be given to my child during school hours. I fully understand that trained NON-MEDICAL District personnel may administer the medication. I understand that the School District, the Board, and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medicine to a student, provided such administration conforms to the requirements of this policy.

Pre-K-5th Grade: No OTC medication will be given before 11 AM or after 1PM to students in these grades unless the school nurse is notified by the parent (by phone or written note). This is to prevent accidental over-medication of these young children.

Signature of parent/guardian

Daytime phone number

GUIDELINES FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

1. Over-the-counter (OTC) or non-prescription medications can only be administered in school with a Non-prescription Medication Authorization Form that is signed by a parent/guardian of the student.
2. All OTC medication must be provided by the parent/guardian and delivered to the school nurse's office by the parent/guardian or designee, over the age of 18, not including the student.
3. All OTC medications must be in the original container.
4. The directions on over-the-counter packaging regarding age, dose and frequency will be strictly adhered to. Requests to alter the dosage or frequency of OTC medications must be accompanied by a physician's written note stating the dosage and frequency of the medication to be given, (fax may be accepted).
5. A written request from a physician will be required for any OTC to be given over 10 consecutive school days (fax may be accepted). In addition, the nurse at her discretion may require a doctor's note for fewer consecutive or recurring days.
6. No OTC medication will be given for fever reduction in the school setting.