



## Medication Request Form: Over-the-Counter

Student Name: \_\_\_\_\_ Birthdate/age: \_\_\_\_\_ Weight: \_\_\_\_\_

- No over-the-counter medication will be given to students without written permission from the parent, legal guardian, or a student who is 18 years old or older. Written consent for over-the-counter medication is valid for one school year.
- Only High School students may self-carry one day's dose of over-the-counter medication if Permission to Self-Carry form completed and on file in the office.
- All medication must be non-expired and brought in from home in the original clearly labeled container. The medication will be stored in the locked cabinet in the office.
- Medication will be given according to manufacturer's recommended

**Over-the-Counter Medication below must be SUPPLIED BY PARENTS and will be stored in the office:**

Medication	Dose	Route	Time to be administered	Reason
1.				
2.				

Yes  No **My high school student may self-carry one day's dose of the above medication(s)**  
**(Complete Permission to Self-Carry form, available in school office)**

*I give consent for school personnel to administer the above listed medication/s. I agree to notify the school in writing at the termination of this request or when any changes in the above order is necessary. I understand that all unused medication will not be returned to my student unless authorized to self-carry. Parents must come to the Office for unused medication by the last day of school or it will be disposed of. I authorize communication between the prescribing health care provider, the school nurse, and trained school personnel necessary for the management and administration of this medication.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_