



FIELD LOCAL SCHOOLS
Non-Prescription Medication Administered at School



School: _____ **School Year:** _____ **Class/Grade:** _____

Student Name: _____ **DOB:** _____

Student Address: _____

Name of medication: _____ Dose _____

Time to be given: _____ (during school hours)

Reason for medication: _____

Form of medication: _____ Tablet _____ Liquid _____ Other

Start Date: _____ Stop Date: _____

Special Instruction: _____

Potential adverse reactions to be reported: _____

Physician/Healthcare Provider Name: _____

Phone: _____

Parent/Guardian: I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Deliver this medicine to school in its original container and labeled.
- Tell the school as soon as possible if there is a change in the use of my child's medicine.
- Tell the school if my child gets a new healthcare provider.
- Complete a new medicine form for this medicine if there are dose changes.

Medication dosage outside of the dose indicated on bottle for the child's age requires a health care provider order. If this medication is needed for greater than 4 consecutive days, I understand that a healthcare provider order is required. I agree for child's healthcare provider to talk with the school or any school staff person about this medication if needed. No other part of my child's medical health will be discussed. When my child receives this medication I will be notified.

I agree for child's healthcare provider to talk with school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Phone: _____ **Emergency Alternate Phone:** _____

*****THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR*****

Clinic Use Only: Date form received _____ Date medication received: _____ Form Complete (Y or N) _____

Notes: _____ Date Form Completed: _____