ST. Mary's School: OVER THE COUNTER MEDICATION FORM

Over the Counter (OTC) or Non-prescription medication

Only those medications that are medically necessary during school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the school nurse (RN) and trained campus staff. Parent/guardian must give a written request. The medication must be in the original container and properly labeled with student's first and last name.

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.

OVER-THE-COUNTER MEDICATIONS NEEDED DAILY FOR LONGER THAN TWO WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER.

NAME OF STUDENT: ______________________________________ DOB: _________________

Must write name of student on medication container

TEACHER: ____ GRADE: ____________________

NAME OF MEDICATION: ____

DOSAGE: (amount) ____

TIME TO BE GIVEN AT SCHOOL: ____

FREQUENCY ALLOWED TO BE GIVEN AT SCHOOL: __________________________________

REASON/SYMPTOM/HEALTH PROBLEM: ____

MEDICATION TO BE GIVEN:

FROM: DATE: ______________________ TO: ______________

OR: ☐ AS NEEDED THROUGHOUT THE SCHOOL YEAR

HOW IT IS TAKEN: ____

(Example: by mouth, by inhaler, with food or after meals, lotion, cream)

WHEN WAS FIRST DOSE OF THIS MEDICATION GIVEN? ____________________

__________________________________ __________________________

PARENT'S/GUARDIAN SIGNATURE DAYTIME PHONE

__________________________________ __________________________

PHYSICIAN'S NAME PHYSICIAN'S PHONE

Reviewed by RN:__________________ Staff______ may/______ may not administer ____________________________

____________________________________ ____________________________________

RN (Print Name) RN Signature