

St. Francis of Assisi Catholic School

OVER THE COUNTER MEDICATION FORM

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