

**Request for the Administration of Over-the-Counter/Non-prescription Medication**

**To be completed by parent or guardian:**

I request the school nurse, building administrator, or designee to administer the over-the-counter non-prescription medication named below to my child. Said medication must be brought from home in the original unopened container. I will hold school personnel harmless for the administration of the medication described below as they are not legally obligated to administer this medication to my child.

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student Address: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be administered: \_\_\_\_\_

Times or intervals at which each dose should be given: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Date administration is to begin: \_\_\_\_\_

Date administration is to end: \_\_\_\_\_

Name and phone number of physician to be called in case of emergency:

\_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Address of Parent/Guardian if different from above: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

**NOTE:** Parent/guardian or 18 year-old/older student must pick up medication by last day of school.  
Failure to do so will result in medication being properly discarded.

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**To be completed by School Personnel:**

Administrator's signature: \_\_\_\_\_ Date: \_\_\_\_\_

or

Designee's signature: \_\_\_\_\_ Date: \_\_\_\_\_