St. Joseph School

MEDICATION REQUEST FORM
Over the Counter (OTC) or Non-Prescription Medication

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP 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 or staff. Parent/guardian must give a written request. The medication must be in the original container and properly labeled with the student's first and last name.

NOTE: THE VERY FIRST DOSE OF MEDICATION FOR CURRENT CONDITIONS/ILLNESS MAY NOT BE GIVEN AT SCHOOL. OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER.

NAME OF STUDENT _____ D.O.B _____

TEACHER_____ GRADE _____

NAME OF MEDICATION_____

DOSAGE_____

TIME TO BE GIVEN AT SCHOOL_____

REASON OR HEALTH PROBLEM_____

MEDICATION TO BE GIVEN FROM _____ TO _____

HOW IT IS TAKEN _____
(EXAMPLE: BY MOUTH, BY INHALER, WITH FOOD OR AFTER A MEAL)

WHEN WAS FIRST DOSE OF THIS MEDICATION GIVEN? _____

PARENT/GUARDIAN NAME: _____DATE: _____

PARENT/GUARDIAN SIGNATURE: _____RELATIONSHIP TO CHILD: _____

PHYSICIAN NAME: _____ PHYSICIAN PHONE: _____

SCHOOL NURSE REVIEW

RN (PRINT NAME): _____ RN SIGNATURE: _____

DATE: _____