

FORT ZUMWALT SCHOOL DISTRICT

Request for Parent Provided
Over-the-Counter Medications to be taken at school

The parent/guardian must complete the following request form for administration of over-the-counter medication. Parent must provide the medication in the original manufacturer's bottle or container. Medication dosages will be given according to the manufacturer's label.

Student Name: _____ Teacher/Grade: _____

DOB: _____

Medication: _____ Dosage: _____

Time to be given: _____

Reason for Administering: _____

Are there any known allergies to the medication? Yes No

If yes, explain: _____

To be administered: from _____ to _____
(date) (date)

Is your child currently taking any medication or herbal preparation? Yes
No

If yes, please name: _____

Parent/Guardian Signature: _____

Date: _____

Daytime Telephone Number: _____

School Building: _____

*PLEASE BE AWARE: Except for inhalers, medications will **NOT** be sent home on the school bus. Students who drive may take home any over the counter medications. Any leftover medications will be destroyed at the end of the school year.*