East Richland Christian Schools

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REQUEST FOR THE ADMINISTRATION OF OVER-THE-COUNTER MEDICATION BY SCHOOL PERSONNEL

Please complete this form for each over-the-counter (OTC) medication you want the school to administer to your student. This form will not be accepted for any prescription medications (including OTC medications that are prescribed by a physician).

Please be sure to do the following:

- Send this completed form to the school office with the medication in the original container; no baggies with pills will be accepted.
- Complete one form for each OTC medication.
- Complete one form for each student (siblings cannot be combined on one form).
- Siblings: For siblings attending the same building, one OTC medication container may be shared, provided a separate OTC Medication Authorization Form is completed for each child. Siblings attending different buildings must have separate medication containers; OTC medications may not be shared between buildings.

I hereby request and give my permission to the school nurse or other designated school employee to administer the following OTC medication to my student:

Student Name: _____ Grade: _____

Name of Medication: _____

Strength/Formulation: _____ Dosage to Give: _____

Route of Administration:_____ Time/Interval: _____

Circumstances for Use: _____

Special Instructions: _____

Parent/ Guardian Name: _____

Parent/ Guardian Phone #: _____

_____ _____

(Today's Date) (Parent/Guardian signature)