



Non-Prescription (OTC) Medication Authorization Form

Date of Request: _____ School: _____ Grade: _____ Student Birthdate: _____

Name of Student: _____ Parent Daytime Phone: _____

Allergies: Medication: _____ Food/Environmental: _____

Name of Medication: _____

The amount and frequency of medication must agree with package directions, otherwise a physician's order is required

Amount to be given: _____ Frequency of administration _____

Date medication is to be discontinued: _____ A new request is required each school year.

I request this medication be given to my child during school hours. I fully understand that trained NON-MEDICAL District personnel may administer the medication. I understand that the School District, the Board, and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medicine to a student, provided such administration conforms to the requirements of this policy.

Pre-K – 3rd Grade: No OTC medication will be given before 11 AM or after 1 PM to students in these grades, unless the school nurse is notified by the parent (by phone or written note). This is to prevent accidental over-medication of these young children.

GUIDELINES FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

1. Over-the-counter (OTC) or non-prescription medications can only be administered in school with a Non-prescription Medication Authorization Form (WFISD Form #499-185) that is signed by a parent/guardian of the student.
2. All OTC medications must be provided by the parent/guardian and delivered to the school clinic by the parent/guardian or designee, over the age of 18, **not including the student**.
3. All OTC medications must be in the original, factory-sealed container.
4. The directions on over-the-counter packaging regarding age, dose and frequency will be strictly adhered to. Requests to alter the dosage or frequency of OTC medications must be accompanied by a physician's written note stating the dosage and frequency of the medication to be given (fax may be accepted).
5. **A written request from a physician will be required for any OTC administered over 10 consecutive school days (fax may be accepted).**
6. No OTC medication will be given for fever reduction in the school setting.

Signature of Parent/Guardian _____

Parent/Guardian Email Address _____

For Clinic Use Only.

Medication Order Reviewed by Supervising RN: _____ Date: _____

Date	Time	Medication Name	Amount of Medication (Number) / Medication Destroyed Code*	Parent/Guardian Signature..	Nurse's Signature

*Medication Destroyed Codes: W: Wasted (contaminated); E: End of school (left in clinic); C: Student changed schools/moved (left in clinic).