USD 308 HUTCHINSON PUBLIC SCHOOLS

Request for Medication Administration of Non-Prescription / OTC Medication

(Must be updated by licensed health care provider at the beginning of each school year)

2018-2019

1. Permission form must be completed and signed by the parent or legal guardian.
2. Medication must be brought to school in the ORIGINAL CONTAINER, properly labeled with standardized, age/weight dosing information, for parent/guardian request minor (time limited) illness or for an intermittent condition(s).
3. Over the counter medication will be supervised and recorded in the health office. (All herbal medication will require physician approval.)
4. If a student is administered a requested over the counter (OTC) medication five or more times within a trimester, the written request must be re-filed and requested with both parent and physician order.

Part A: Parent/Legal Guardian to Complete:

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

Known Medication and Other Allergies _____

Minor Illness / Intermittent Condition: _____

Medication / Treatment	Dosage	Time / Frequency	Route
_____	_____	_____	_____

Special Instructions: _____

_____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I hereby request the school personnel administer this medication to my child. I relieve the school of any responsibility for the benefits or consequences of the medication when it is "parent/legal guarding prescribed" and acknowledge the school bears no responsibility for ensuring the medication is administered except when the student requests the medication. In this instance, documentation of medication administration by the licensed professional registered nurse or UAP delegated to administer OTC medication when requested must be completed.

_____ _____ _____

Signature of Parent or Guardian | Date | Emergency Phone

If discontinued: Medication picked up by: _____ _____

Signature of Parent/Guardian | Date