

Hutchinson Public and Parochial Schools
Nonprescription Medication Form

Please complete this form and return it to school with a **small, unopened** bottle of nonprescription medication. The medication must be appropriate in strength for the child's age and weight (example: Junior Strength). The medication dose must be consistent with what is recommended. If the dose requested exceeds that which is recommended, a physician order must be obtained. This form must be completed each school year. **The school does not supply any medications.**

*****Any unused medication must be picked up at the end of the school year or it will be discarded.**

Student name _____ Grade _____ Room _____

Medication _____

Dosage _____

Medication should be given for _____

Medication should be given every _____ hours if symptoms persist.

I understand by signing this form I request this medication be given as directed above. I understand that administration of this medication may not necessarily be done by a nurse. I release school personnel from liability in the event of adverse reactions resulting from this medication.

Parent signature _____ Date _____

Staff signature _____ Date _____
(staff member receiving medication)

School year _____

