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 \_\_\_\_\_\_\_\_\_\_\_\_\_

**Nonprescription Medication Log**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Time** | **Medication** | **Dose** | **Signature** |
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