

RAYMOND SCHOOL DISTRICT



ADMINISTRATION OF OVER THE COUNTER (NON-PRESCRIBED) MEDICATION

Any pupil who needs to take an over the counter medication during the day shall be assisted by the school nurse or another member of the school staff so designated by the school principal. The School District must also have received, and have filed with the student health record, a written authorization (request) from the parent/guardian of the pupil indicating the desire that the school assist the pupil in taking the medication.

Note: An over the counter medication is a medication that can be purchased without a doctor's prescription. Examples of such medications are Zyrtec, Tylenol, or Benadryl.

Parent/Guardian Authorization

I hereby request and give my permission for a designated member of the school staff to assist my child

_____ in taking the over the counter (OTC) medication

(Name of OTC medication)

Please list any and all other prescriptions and/or over the counter medications and/or supplements that your child takes daily:

Please list all medical conditions that your child's doctor has diagnosed him/her with:

Parent/Guardian Authorization

I hereby give my permission to have the school nurse or designated staff member administer the above listed medication and/or the principal or his/her designee assist the student with the taking of his/her medication.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Phone _____ Date _____