FORT ZUMWALT SCHOOL DISTRICT

Request for Parent Provided Over-the-Counter Medications to be taken at school

The parent/guardian must complete the following request form for administration of over-the-counter medication. Parent must provide the medication in the original manufacturer's bottle or container. Medication dosages will be given according to the manufacturer's label.

Student Name: _____ Teacher/Grade: _____

DOB: _____

Medication: _____ Dosage: _____

Time to be given: _____

Reason for Administering: _____

Are there any known allergies to the medication? Yes ☐ No ☐

If yes, explain: _____

To be administered: from _____ (date) to _____ (date)

Is your child currently taking any medication or herbal preparation? Yes ☐ No ☐

If yes, please name: _____

Parent/Guardian Signature: _____

Date: _____

Daytime Telephone Number: _____

School Building: _____

PLEASE BE AWARE: Except for inhalers, medications will NOT be sent home on the school bus. Students who drive may take home any over the counter medications. Any leftover medications will be destroyed at the end of the school year.