Dover Sherborn Non-Prescription Medication Administration Form

This form is to be completed by a parent or guardian for any non prescription/over the counter (OTC) medication that is not routinely supplied by the School Nurse. Each medication should have a separate form. Please supply the medication in its' original container.

Name of Student______________________ DOB ____________ Grade___________

Medication__________________________ Dosage__________ Route____________

Frequency________________ Time(s) to be given at school_____________________

Diagnosis* reason for giving medication: ___________________________________

Specific Directions for storage or administration: _____________________________

Date of Order___________________ Discontinuation Date_________________

(Medication orders for school administration expire at the end of the school year. New orders are required to continue medication into the next school year.)

Primary Care Provider aware of administration of this medication: Yes ___ No ____

Possible Side Effects____

Drug/Food Allergies____

List additional medication taken at home______________________________________

PARENT/GUARDIAN

Name of Parent/Guardian______________________ Relationship to student__________
____ Yes _____ No I give permission for my son/daughter to self-administer medication, if the school nurse determines it is safe and appropriate.

I consent to have the School Nurse administer the above medication to my child. I give permission to the School Nurse to share information relevant to the medication administration as he/she determines appropriate for my child's health and safety. I understand I may retrieve the medication from the school at any time; *however, the medication will be destroyed if it is not picked up within one week following termination of this request or one week beyond the close of school*.

Signature of Parent/Guardian_______________________________ Date____________

Telephone (home) _______________ (work) ______________ Cell/Pager____________

Email _________________________