FORT ZUMWALT SCHOOL DISTRICT

Parent Request
for
Over-the-Counter Medications

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: Medications will NOT be sent home on the school bus. Any leftover medications will be destroyed at the end of the school year.