

MEDICATION REQUEST FORM TO BE GIVEN BY STAFF

Over the Counter (OTC) or Non-prescription

Only those medications that are medically necessary during school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the school nurse (RN) and trained school staff.

Parent/Guardian must give written permission. **The medication must come from home and be in the original container and properly labeled with the students first and last name.** This is a state requirement.

Indicate below which medications that the school is authorized to administer to your child. Medications will not be given more than one time per day. Chronic requests for OTC medications may require additional orders from a physician.

NAME OF STUDENT: _____ DOB: _____

TEACHER: _____ GRADE: _____

___ acetaminophen 500mg, 1,000mg (max), other _____ (circle dosage)

___ ibuprofen 200mg, 400mg (max), other _____ (circle dosage)

___ bendaryl 25mg

___ antacid tablets (tums)

___ other (list medications) _____

PHYSICIAN NAME: _____

PHYSICIAN SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

As the parent/guardian, I release Brimfield Public Schools, its Board of Education, and individual members thereof, and its employees shall be indemnified and held harmless from any and all claims arising out of administration of said medications.

I request that my child be assisted and/or supervised while taking the medication(s) described above at school by authorized persons. I further consent to the sharing of relevant medical information between the school and the physician's office.

Forms can be faxed to 309-446-9500