

Baldwin-Woodville Area School District



Over The Counter Medication Request Form (Use separate authorization form for each medication and each student)

BWSD Board Policy 453.4-Exhibit 2

TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student: _____ Birthdate: _____ Grade: _____

Name of OTC medication: _____

For the treatment of: _____

Specific dose(s) to be given at school: _____

Time to be given at school: _____

Start date: _____ End date: _____

Are there any special instructions () No () Yes, explain: _____

Parent Signature and Information

1. I request this medication be given as prescribed by the manufacturer's instructions.
2. I understand I must provide this medication in the original manufacturer's container and labeled with the student's name. I also understand that OTC medication will not be accepted in a baggie or other non-manufacturer container.
3. I will notify the school in writing when the medication is discontinued and I will pick up the unused medication or request that it be sent home with the student.
4. I will pick up the medication at the end of the school year, or request it be sent home with the student. If my child is attending summer school, I will pick up the medication by the last day of summer school.
5. All products not currently approved by the FDA will only be administered if ordered by a licensed medical practitioner. Such products included, but are not limited to, herbal and food supplements ie St. Johns Wort, etc.
6. I hereby give permission to designated school personnel to notify other school personnel of medication administration and possible adverse effects of the medication.
7. I give permission to contact the prescribing physician (#3) if there are any questions regarding this specific medication.

Parent/Guardian signature: _____ Date: _____

Print Name: _____ Phone: _____