

Non-Prescription (OTC) Medication Authorization Form

(Medication provided by parent)

Date of Request: _____ Grade: _____

Name of Student: _____ Birthdate: _____

Home Phone: _____ Emergency Phone: _____

Allergies: Medication: _____ Food/Environmental: _____

Name of Medication: _____

The amount and frequency of medication must agree with package directions; otherwise a physician order is required

Amount to be given: _____

Frequency of administration: _____

Date medication is to be discontinued: _____

I request this medication be given to my child during school hours. I fully understand that trained NON-MEDICAL District personnel may administer the medication. I understand that Wichita Christian, the Board, and its employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of medicine to a student, provided such administration conforms to the requirements of this policy.

Signature of Parent/Guardian: _____

GUIDELINES FOR THE ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

1. Over-the-counter (OTC) or non-prescription medications can only be administered in school with a Non-prescription Medication Authorization Form that is signed by a parent/guardian of the student.
2. All OTC medications must be provided by the parent/guardian and delivered to the school clinic by the parent/guardian, over the age of 18, **not including the student.**
3. No OTC medication will be given for fever reduction in the school setting.