



OVER-THE-COUNTER MEDICATIONS

Memorandum to Parents and Physicians:

So that we may provide the best care for your child, please complete the attached form and return it to us. If any changes occur during the year, please notify us.

The student comes to the office where the medication is kept and takes it under supervision.

The advantage is that the medication will be used correctly, in the proper amount, and records will be kept.

All medications brought to school must be in their original container, with a signed parental permission note giving the child's name, class, dose, and time for the medication to be given.

TO BE COMPLETED BY PARENT/GUARDIAN AND PHYSICIAN

NAME OF MEDICATION(s)

DOSE

FREQUENCY OF USE

Child's Name _____ Grade _____

Name of School Child Attends _____

*Physician's signature _____ Date _____ Phone # _____

Parent/Guardian Signature _____ Date _____

Printed name and phone # where you can be reached _____

Lower Elementary
Phone: 788-7600
Fax: 788-7614

Upper Elementary
Phone: 788-7500
Fax: 788-7514

Middle School
Phone: 788-7400
Fax: 788-7414

High School
Phone: 788-7300
Fax: 788-7314

Administration
Phone: 788-7100
Fax: 788-7114