

Hickory County R-1 Schools

\*\* Skyline\*\*

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**OVER THE COUNTER (OTC) MEDICATION  
ADMINISTRATION AUTHORIZATION FORM**

Dear Parent/Guardian,

In order to decrease disruption of classroom instruction time, Hickory County R1 School discourages the administration of medication during school hours. We request that whenever possible, medication doses be scheduled outside of school hours. However, we recognize this is not always possible and desire to work with you ensure your child receives the care and medications they require. In order to administer over the counter (OTC) medications, we require the following:

1. Signature of parent/guardian requesting the School Health Office administer the medication;
2. Medication must be supplied to the school by parent/guardian and remain in the original container/packaging;
3. Medication must be brought to school by a parent/guardian or given to the bus driver.

Please complete the following sections:

Students name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician's name: \_\_\_\_\_ Office number: \_\_\_\_\_

<i>Medication Name</i>	<i>Dosage</i>	<i>Frequency</i>	<i>Time of day</i>	<i>Diagnosis (reason for med)</i>

**PARENTAL CONSENT**

I hereby request and give my permission for school personnel to administer the over the counter medication(s) listed above and provide emergency treatment to my child. I understand that if a condition persists and OTC medication needs to be given for an extended period of time, a doctor's written order may become necessary. I assume full responsibility for providing the school the OTC medication needed by my child. I agree to notify the school if a change in my child's condition occurs. I agree to allow the information listed above to be shared with the adults responsible for my child's care.

\_\_\_\_\_  
Parents Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by RN

\_\_\_\_\_  
Date