## NON-PRESCRIPTION Medication Request Form

Fairfield Union School District, 6417 Cincinnati-Zanesville Road, Lancaster, OH 43130

## Parent/Guardian Request for the Administration of Non-Prescription Medication by School Personnel

## Please Note:

- Parents/guardians should bring in a SMALL and UNOPENED container of the non-prescription medication to school.
- Medications cannot be transported on the bus or delivered by a child.
- Parents/guardians should note the expiration date and promptly replace expired medications. - Only unexpired medications accompanied by this form, completed entirely, will be administered. $\bullet$ Non-prescription medications are not available on field trips unless requested by the parent/guardian at least two days in advance of each trip.

Parent/Guardian: Please complete the following information.

Name of Child: $\qquad$
School: $\qquad$ Grade: $\qquad$ Teacher (Grs. K-4): $\qquad$
Name of Drug: $\qquad$ Expiration Date: $\qquad$
Dosage of Drug: $\qquad$ Route: $\qquad$
Drug Should Be Given At the Following Times: $\qquad$
I hereby request and give my permission to authorized school personnel to administer the non-prescription medication listed above to my child.

Signature of Parent/Guardian: $\qquad$ Date: $\qquad$
Child's Home Address: $\qquad$
Home Phone Number: $\qquad$ Cell Phone Number: $\qquad$
Work Phone Number: $\qquad$ Place of Work: $\qquad$
Additional Information: $\qquad$

| For School Personnel Use Only: |  |  |  |  |
| :--- | :--- | :--- | :--- | :--- |
| Date | Time | Dose | Staff Initials | Reason |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

For SchoolPersonnel Use Only:

| Date | Time | Dose | Staff Initials | Reason |
| :--- | :--- | :--- | :--- | :--- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

