

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. 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:					
					Teacher (Grs. K-4):	
					Expiration Date:	
Dosage of Drug:						
Drug Sho	ould Be Give	en At the Followin	g Times:			
I hereb	y request	and give my pe		authorized sch on listed abov	hool personnel to administer the non-prescription ve to my child.	
Signature	of Parent/	'Guardian:			Date:	
Child's H	ome Addre	ss:			-	
Home Phone Number:				Cell Phone Number:		
Work Phone Number: Place of Work:						
Addition	al Informati	on:				
			For Sc	hool Personne	el Use Only:	
Date	Time	Dose		Staff Initials	Reason	

For SchoolPersonnel Use Only:								
Date	Time	Dose	Staff Initials	Reason				