

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 Student:Date of Birth							
School:			Grade:	Teacher (Grs. K-4):			
Name of Drug:Expiration Date:							
Dosage o	f Drug:	Route: _					
Drug Should Be Given At the Following Times:							
I hereb	y request		authorized scho ion listed above	ool personnel to administer the non-prescription e to my child.			
Signature	of Parent/	Guardian:		Date:			
Child's Ho	ome Addres	s:					
			Cell Phone Number:				
	Work Phone Number: Place of Work: Additional Information:						
For School Personnel Use Only:							
Date	Time	Dose	Staff Initials	Reason			

For SchoolPersonnel Use Only:							
Date	Time	Dose	Staff Initials	Reason			