

# ST. CLAIRSVILLE-RICHLAND CITY SCHOOL DISTRICT

108 Woodrow Avenue, St. Clairsville, Ohio 43950 • Phone: (740) 695-1624 • Fax: (740) 695-1627 • Website: stcschools.com

## NON-PRESCRIPTION MEDICATION FORM

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby request and permit the school nurse or designee to administer the following medication to my child:

Name of medication necessary at school \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_

At the following times \_\_\_\_\_

Notify parent of every dose?  Yes  No

By note or phone call \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please place the needed medication in a labeled container. Any medication remaining at the end of the school year needs to be picked up by the parent/guardian or it will be discarded.