

**FORT ZUMWALT SCHOOL DISTRICT**

**Request for Parent Provided  
Over-the-Counter Medications to be taken at school**

The parent/guardian must complete the following request form for administration of over-the-counter medication. Parent must provide the medication in the original manufacturer's bottle or container. Medication dosages will be given according to the manufacturer's label.

Student Name: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Time to be given: \_\_\_\_\_

Reason for Administering: \_\_\_\_\_

Are there any known allergies to the medication? Yes  No

If yes, explain: \_\_\_\_\_

To be administered: from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Is your child currently taking any medication or herbal preparation? Yes   
No

If yes, please name: \_\_\_\_\_

Parent/Guardian Signature: _____  Date: _____  Daytime Telephone Number: _____  School Building: _____
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*PLEASE BE AWARE: Except for inhalers, medications will **NOT** be sent home on the school bus. Students who drive may take home any over the counter medications. Any leftover medications will be destroyed at the end of the school year.*