



Wapakoneta City School
Non-Prescription (OTC) Medication
Permission for School Administration

Please note the following:

1. Medication must be brought to school by a responsible adult. (Do not send medication with a child.)
2. Medication should be given to students before or after school by the legal guardian, when possible.
3. Non-Prescription, also known as Over the Counter (OTC) medications, may only be given within the limits and according to the instructions printed on the container or the package insert.
4. Medication must be in the unopened, original container with manufacturer's label.
5. Starting doses of a medication that a child has never taken before should not be given first at school.
6. WCS district may reject requests for certain medications to be given at school.

Please complete a separate form for each medication that is to be given at school.

If the medication is to be given to more than one of your children, please complete a separate form for each child.

Child's Full Name:		Date of Birth:	Gender: __ Male __ Female
Grade:	Homeroom Teacher:	Name of School:	
__ No Is your child allergic to any food, medicines, or other items? __ Yes (If yes, list allergies and reactions)			

List Non-Prescription Medication:	Reason(s) for this Medication:
Dose/Amount of Medication:	Frequency/Time to give Medication:
Number of days this medication will be given at school: __ Until the end of the current school year __ Days __ Weeks	Note any special storage requirements: __ None __ Refrigerate __ Other: _____

Does your child take any other medications at home or at school? __ No __ Yes (If yes, list the medications?)

Child's Health Care Provider's Name and Address (print): <div style="text-align: right;"> Office Phone: _____ Office Fax: _____ </div>

<p>I agree with all of the following:</p> <ul style="list-style-type: none"> ● I give permission for my child to be given the above medication as directed during the school day. ● I give consent for the WCS school nurse or designated WCS employee to contact my child's health care provider or their designee to discuss this medication and my child's health. ● I give consent for the health care provider or their designee to provide information about this medication and my child's health to the WCS school nurse or designated WCS employee. ● I further give consent for information about my child to be shared with persons who legitimately need to know for the safety and well-being of my child. ● I agree that the medication will be given per the WCS district's medication policy. ● I agree I am responsible for providing school with the medication for my child and any supplies needed ● I agree that I am responsible for notifying the school if my child's medication(s) change in any way. <hr/>
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