

**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.*