

GEORGE WEST ISD



MEDICATION REQUEST - Over the Counter (OTC) Medications School Year-

Campus_

Only those medications that are medically necessary during school hours for a student's attendance or written in an IEP should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the school nurse (RN) and trained campus staff. Parent/guardian must give a written request. The medication must be in the original container and properly labeled with student's first and last name. This is a state requirement.

NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.

OVER-THE-COUNTER MEDICATIONS NEEDED LONGER THAN TWO WEEKS MUST HAVE REVIEW AND APPROVAL OF THE SCHOOL NURSE AND MAY REQUIRE A PHYSICIAN'S ORDER.

RN (Print Name)	RN Signature
Reviewed by RN: Staff	
PHYSICIAN'S NAME	PHYSICIAN'S PHONE
PARENT'S/GUARDIAN SIGNAT	TURE DAYTIME PHONE
WHEN WAS FIRST DOSE OF T	THIS MEDICATION GIVEN?
	xample: by mouth, by inhaler, with food or after meals)
MEDICATION TO BE GIVEN FR	ROM: TO:
REASON OR HEALTH PROBLE	EM:
TIME TO BE GIVEN AT SCHOO	OL:
DOSAGE: (amount)	
NAME OF MEDICATION:	
TEACHER:	GRADE:
NAME OF STUDENT:	DOB: