

Saint Pius X School
NON-PRESCRIPTION
Request Form

If it is absolutely necessary for your child to receive *non-prescription* medication during the school day and you cannot be here to administer it, all items below must be completed and this form must be returned to the school principal or nurse before any medication will be dispensed.

It is the parent or guardian's responsibility to deliver this form and the medication to school. The medication must be in the ORIGINAL container in which it was purchased labeled with:

1. Your child's name
2. The date
3. The dosage
4. The name of the medication

I request the school nurse, building principal, or designee to administer the non-prescription medication named below to my child. I will hold school personnel harmless for the administration of the medication described below since they are not legally obligated to administer medication to any child.

Student Name _____

Student Address _____

Name of Medication _____

Dosage to be administered _____

Times or intervals at which each dosage is to be administered _____

Date the administration of the medication is to begin _____

Date the administration of the medication is to end _____

Name and telephone number of the physician to be called if there is an emergency

Name Phone Number

Signature of Parent/Guardian Date

Address of Parent City Zip

Home Phone Work Phone