

Medical information

Over the counter medications

Student Name: _____ Grade: _____

Allergies: (Medications) _____

Allergies: (Foods) _____

Allergies: (Other Grasses, Pets, Mold.) _____

Please list routine medications taken every day: _____

Please Read

Medications may be given at school.

If you wish to give permission for the designated SCHOOL NURSE, when on site to administer (OTC) Over the Counter Medications, example (Tylenol, cough drops, Motrin) you will need to do the following. **RHMs will not supplied medications for students.**

All medications will need to be brought to the nurse's office in an unopened container; (new) in the packaging it was bought in. The container will be labeled with the student's name. Medications will be secured in locked medicine cabinet at all times.

RHMS will need written permission to give any medication while at school. The nurse will follow the instructions on the label of medication. Medicine will need to be age appropriate.

You may use the bottom of this page to give the nurse permission to administer medications listed below while at school.

I _____ give Richard Hardy Memorial School nurse permission to administered over the counter medications. For (student name) _____ to receive over the counter medication(s) at school according to the standard school policy. **I understand that I have the ultimate responsibility for providing the school an adequate supply of medication(s)** I hereby release Richard Hardy Memorial School and its employees from any claims or liability connected with its reliance on this permission form. I am responsible to notify the school nurse in writing of any changes made regarding my child's medication or medical needs, and to pick up any unused medication at the end of year, any medication not picked up will be disposed of.

List of medication(s)

- Medication: _____ Reason receiving medication _____
- Medication: _____ Reason receiving medication _____
- Medication: _____ Reason receiving medication _____
- Medication: _____ Reason receiving medication _____

Parent/Guardian

Signature: _____ Date: _____

Day time phone: _____ Cell Phone: _____

School Nurse; Regina Smith RN

Phone: 423-837-7282 ext 106