Brookesmith ISD Over-The-Counter (OTC) Non-Prescription Medication Form

***State-mandated change. Administration of Over-the-counter medications during the school day *require* a medical provider AND parent/guardian signature. This includes but is not limited to: Ibuprofen or Acetaminophen, oral or topical allergy medicine, insect bite or burn gel.**

This Form allows the Brookesmith Independent School District school nurse to administer over-the-counter medications, as listed below, to students should they request it at school. The Doctor and Parent/Guardian must sign this form, in the appropriate spaces provided, to indicate medication release approval. This signed form must be on file with the school district nurse for the OTC medication(s) to be administered.

*** Parent/guardian signature below indicates that I have reviewed the medications and forms of dosage to be administered to my student as indicated by my initials and agree to the accuracy of this form, and for the Brookesmith Independent School District school nurse to administer these OTC medications to my student.**

Over-the-Counter Medication Form

Students Name: _____

DOB: _____ Grade:_____

Allergies: _____

Height: _____ Weight:_____

As Needed Medications (This form should <u>not</u> be used for emergency rescue medications.)- A Doctor must fill out the table below and sign his name in the space provided.

Medication (OTC medications only)	Dose[1]	Route	Dosing Frequency[2]	Reason[3]	Side Effects

<u>All OTC medication will be administered per Doctor's order.</u>

Parent/Guardian Name:_____ Phone: _____

Parent/Guardian Signature:_____ Date: _____

Physician Name:_____ Phone: _____

Physician Signature:_____ Date: _____

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[1] Dose must be indicated as a concentration such as grams or milligrams. Number of tabs, tsp, Tbsp, and mLs is not acceptable.

[2] Indicate dose spacing and max doses during the school day. Example: "Every 4 hours as needed, no more than 1 dose during the school day."

[3] Reason for giving PRN medication should be specific.