

**Iowa Park Consolidated Independent School District
Non-Prescription (OTC) Medication Authorization Form**

Date of Request: _____ School: _____ Grade _____

Name of Student: _____ Birth Date: _____

Home Phone: () _____ Cell: _____ Work: _____

Emergency Contact and #: _____

Allergies to Medications: _____

The amount and frequency of medication must agree with package directions, otherwise a physician's order is required. The medication must also be age appropriate for the student, unless a doctor's note is provided. (example: child cannot take medication labeled for adult dosage)

Name of medication: _____

Dose/amount to be given: _____ Time: _____

Start Date: _____ Stop Date: _____

I request this medication to be given to my child during school hours. I fully understand that trained NON-MEDICAL District personnel may administer this medication. I understand that the School District, the Board, and it's employees shall be immune from civil liability due to allergic reaction or other injuries resulting from the administration of a medicine to a student, provided such administration conforms to the requirements of this policy.

Pre-K-5th grade: No OTC (over-the-counter) medication will be given before 11 AM or after 1 PM to students in these grades unless the school nurse is notified by the parent/guardian (by phone or written note). This is to prevent accidental over-medication of these young children.

Signature of parent/guardian

Daytime phone number