



Non-Prescription Medication Form

Permission for School Administration

(This form must be completed by the child's prescriber and parent/guardian.)

Please note the following requirements:

1. Medication must be brought to school by a responsible adult. (Do not send medication with a child.)
2. Medication should be administered by a parent/guardian before or after school, when possible.
3. Non-Prescription also known as **Over the Counter (OTC)** medications must be delivered to the school nurse in the **unopened, original container with manufacturer's label.** (Due to limited storage space, please do not bring large quantities of OTC medications.)
4. **Over the Counter (OTC)** medications may only be given within the limits and according to the instructions printed on the manufacturer's container or the package insert.
5. If the OTC medication is to be dispensed outside of the recommended manufacturer's guidelines, then a Physician's order will be required. Also, if the OTC medication is to be given longer than recommended guidelines a Physician's order will be required.
6. Faith First Academy may reject requests for certain medications to be given at school
7. Herbal substances are not considered medication and will not be administered by the school nurse.
8. First doses of a medication that a child has never received will not be given at school.

Child's Full Name: _____ **Date of Birth:** _____

Gender: Male or Female **Grade Level** ____ **Teacher:** _____

Section below must be completed by the Child's Prescribing Health Care Provider:

Name of non-prescription medication to be given at school	Dose/Amount: (must be according to the manufacturer's instructions)	Frequency (must be within the limits of the manufacturer's instructions)	List possible side effects from this medication:	Reason(s) for this Medication to be given at school:
Number of days medication is to be given at school:	Special storage requirements: No or Yes Describe:			

Does this child have **any known allergies?** No Yes
(If yes, list all known allergies and type of reaction(s):

Does this child **take any additional medications at home or at school?** No Yes
(If yes, list the medications taken at home):

I agree with all of the following:

- I give permission for my child to be given the above medication as prescribed while at school.
- I give permission for information about this medication and/or my child's health to be exchanged between the Faith First Academy school nurse or designated Faith First Academy employee and/or the Health Care Provider, the prescriber, the pharmacist who filled this prescription, and/or their designee.
- I further give permission for information about my child to be shared with persons who legitimately need to know for the safety and well-being of my child.
- I agree to follow the FFA policies concerning medications and that medication will be given per the FFA policies.
- I agree I am responsible for providing the school with the medication for my child and any supplies needed.
- I agree that I am responsible for notifying the school if my child's health and/or medication(s) change in any way.

I understand and agree with all of the above:

Parent/Guardian's Signature

Date

Parent/Guardian's Name (Print)

Daytime