



St. Mary's School
903 W. Mission Avenue
Bellevue, NE 68005-3998

Phone: 402-291-1694
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USE OF OVER THE COUNTER MEDICATIONS
2009-2010 School Year

Over the counter medication per parent request will be given no more than three (3) days per episode with permission

Name _____

Date of Birth _____ Grade _____

Medication _____

Reason for Medication _____

Dosage _____ Time(s) given _____ (am/pm)

Start date ___/___/___ End Date ___/___/___

For the child above, I request and grant permission to school personnel (medication will not necessarily be administered by the school nurse) to administer the medication outlined above. I understand that it is my responsibility to furnish the medication and any medical equipment needed to administer the medication

Parent/Guardian Signature

Date

Received in the School Office on _____