

# School District of River Falls

## ADMINISTRATIVE OFFICE

852 East Division Street, River Falls WI 54022  
715-425-1800 phone / 715-425-1804 fax

### OVER-THE-COUNTER MEDICATION AUTHORIZATION

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_

As the parent/guardian of the above mentioned student, I give the River Falls School District permission to administer the following medication(s) to my child for the following reason or diagnosis

\_\_\_\_\_.

Medication/Dosage: (mg, cc, ml, etc)	How to administer:	How often:	Start Date:	Stop Date:	Considerations/Side Effects:
Example: Tylenol	By mouth	Per package directions	12/21/12	06/12/13	Sleepiness, stomach upset

The administration of FDA approved non-prescription medication requires written instruction and consent of the student's parent/guardian. All non-prescription medications must arrive at school in the original, unopened, manufacturer's package, complete with package ingredients and recommended therapeutic dose in a legible format. All non-prescription medication will be given according to package directions. Please check expiration date before bringing medication to school. The Health Office staff cannot administer expired medication or medication that is not received in its original manufacturer's package.

CHILD'S PHYSICIAN: Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian of the above mentioned student, I will keep the school district aware of any changes in medication(s), profile or health concerns of my child. I give my medical provider and River Falls School District permission to release and obtain information from each other as necessary to administer medication. I understand that the medication will be disposed of if not picked up within one week following termination of the order, or one week beyond the close of school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

"Practitioner" means any physician, dentist, optometrist, physician assistant, advanced practice nurse prescriber, or podiatrist licensed in any state.