

Request for Non-Prescription Medication Administration at School

Note: It is the policy of Heathwood Hall Episcopal School that any prescription or over-the-counter medications used by a student during school hours must be taken in the Health Office.

Name of Student: _____

Date of Birth: _____ Height: _____ Weight: _____

Grade: _____ Teacher: _____

I request that my child receive the following over-the-counter medication in the Heathwood Hall Health office from the school nurse. I understand that the medication is to be furnished by me in the original container, labeled with the name of the student, the name of the medication, the dosage to be given, and time(s) of day to be taken.

Medication: _____ Dosage: _____

Time of day to be given: _____ Reason: _____

Length of time to be given: _____

Acetaminophen, antacid tablets, throat lozenges, and cough drops are stocked in the Health Office. Please indicate if your child has permission to request the following:

Acetaminophen (Tylenol) 160 mg chewable: _____ Dosage: _____ Reason: _____
(Please initial)

Acetaminophen (Tylenol) 325mg tablet: _____ Dosage: _____ Reason: _____
(Please initial)

Acetaminophen (Tylenol extra strength) 500mg capsule: _____ Dosage: _____ Reason: _____
(Please initial)

Throat Lozenges: _____ Antacid tablet (Tums): _____
(Please initial) (Please initial)

Cough Drops: _____
(Please initial)

I will not hold Heathwood Hall Episcopal School or the school nurse (or person designated by the headmaster) liable for any adverse reactions experienced by the student.

Parent's Signature: _____ Date: _____

Physician's Signature: _____ Date: _____