

St. Patrick Interparish School Clinic

OTC Medication Request Form

Dear Parents,

We will check the student’s record any time they present to the clinic requesting over-the-counter medication. If you have given permission for your student to receive OTC medication, we will administer at that time. ***If you have requested to be called, or there is no record on hand, and we cannot reach you via telephone, your student will be sent back to class without receiving any medication until we talk to you.***

Please complete the following to help us serve you and your child more efficiently.

Check one of the following:

Do NOT administer medications without calling first.

Best phone number to be reached: _____

OR

Please administer the following medications when necessary:

	Parent Initials
Tylenol/Acetaminophen	
Motrin/Ibuprofen	
Benadryl/Diphenhydramine	
Tums/Antacid	

Student Name: _____

Parent Name: _____

Parent Signature: _____

*If your student takes a prescription medication during the school day, or will need to keep an inhaler or epinephrine on campus, please contact the front office to complete an additional form.