Windsor C-1 School District
Imperial, MO

OVER-THE-COUNTER MEDICATION AUTHORIZATION FORM

According to the Nurse Practice Act for the State of Missouri, nurses are not allowed to dispense medication unless prescribed by a physician. Please use this form when sending over-the-counter medication to school.

Student_____D.O.B__/__/__GR/Teacher_____

PHYSICIAN'S SECTION (To be completed by the physician).

Medication_____Dose_____Interval_____
Diagnosis/Reason for Treatment

_____
Special Instructions/Restrictions

_____

Medication_____Dose_____Interval_____
Diagnosis/Reason for Treatment

_____
Special Instructions/Restrictions

_____

Medication_____Dose_____Interval_____
Diagnosis/Reason for Treatment

_____
Special Instructions/Restrictions

_____

_____ _____
Physician's Printed Name Date

_____ (____) _____
Physician's Signature Office Phone

Parent Section (To be completed by the parent).

I authorize the employees of the Windsor C-1 School District to dispense the above over-the-counter medicine(s) to my child, and to contact my physician to discuss any related questions or concerns.

Note: Any medicine that is routinely given just before or during lunch WILL NOT be given on early dismissal days unless prior arrangements are made with the school nurse.

_____ _____ _____ _____
Parent Signature Date Home Phone Work/Cell Phone