

VANTAGE CAREER CENTER
Administering Non-Prescribed Medication Form

Student's Name: _____ Date of Birth: _____

Name of over the counter medication: _____

In order for your student to take over-the-counter medication at school, the following must be met:

1. Complete the Administering Non-Prescribed Medication Form and return it to the front office.
2. Medication needs to be delivered to the front desk upon arrival at school. The medication must be in the original container and labeled with student's first and last name (no plastic bags will be accepted).
3. No student shall provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered a violation of the School Code of Conduct.
4. Medication must be stored in the locked container by school personnel. Students are not permitted to keep any medication with them or in their locker (except for asthma inhalers, insulin pumps or auto-injector epinephrine, provided appropriate forms have been completed and student requirements have been met).
5. Students must take their medication in the office/clinic or school sponsored event by the school nurse or school personnel designated by The Board Policy as authorized to administer medication.

Parent/Guardian Signature: _____ **Date:** _____