

Websterville Christian Academy

Distinctively Different by God's Design

NON-PRESCRIPTION MEDICATION FORM

Name of child: _____ DOB: _____ Grade: _____ Date: _____

All medication to be administered at school must comply with the following school policies:

1. The school nurse or designated staff member **must have this completed form** before medication will be given at school. Your physician may fax this form to WCA at (802) 622-0033.
2. A **parent/adult** must bring the medication to school in the **original manufacturer's container**. Loose medication in plastic bags **Will Not** be accepted.
3. The school nurse or designated staff member must approve and administer the first dose of any medication given at school.
4. The school nurse or designated staff member may delegate administration of subsequent doses to another school staff member.
5. **All medicine must be kept in the office under lock and key.**

Medication Order:

Medication: _____ Strength: _____

Dosage/Route/Time: _____

Start Date: _____ End Date: _____

Reason for Giving: _____

Signature of Parent/Guardian: _____ Date: __/__/__

Date Received: _____

Signature of School Nurse/Designated Staff Member _____ *non-prescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary.

Vermont Department of Health ~ Vermont Standards of Practice: School Health Services