## **Corry Area School District Nursing Services**

Corry Area School District Central Phone: 814-664-4677

## **OVER THE COUNTER MEDICATION** SHORT TERM PRESCRIPTION MEDICATION

Often students require prescription medication for a short term (2 weeks or less) to combat an acute illness. This is usually, but not limited to an oral antibiotic. We understand this and try to assist parents in medication compliance.

The Corry Area School District also understands that occasionally a student may need an over-the-counter medication for minor health problems. We can provide this service as needed with parent/guardian permission.

It is procedure of this District to administer medication during school hours only when absolutely necessary. You may come to school and give your child his/her medication if you wish.

Medication must be brought to school by the parent/guardian in the original packaging. Please do not

in

bring unlabeled bottles of r medication or dosages.	nedication to the school. Please re	member to alert the school to any changes ir
I give my permission for the s following medication to my cl		d by the School District Board Policy to give the
As parent/guardian offrom any and all liability for c	I hereby release the C lamages my child may suffer as a resu	orry Area School District and all employees lt of this request.
Date	Signature Parent/Guardian	Phone Number
Name of Student	School	<u> </u>
Name of Medication shown o	n the box or bottle	
Time you request medication	to be given	<del>-</del>
•	er medication - not to exceed recomme	-
Reason for medication		

<sup>\*\*</sup>The School Nurse will review this medication request. It is understood that any discrepancy from the product recommendations will necessitate a signed physician's statement. Overuse and or abuse of this medication will be brought to the parent/guardian's attention and may then be terminated as determined by the school nurse.