

MAWSECO OVER THE COUNTER MEDICATION FORM

School Year _____

- ◇ **ONLY ONE MEDICATION PER FORM!**
- ◇ Medication **must** be in the **original over-the-counter** bottle.
- ◇ Please use **smallest** bottle possible. Large bottles are hard to store.
- ◇ Please complete all information thoroughly to assure safe administration
- ◇ Please remember to pick up medication at the end of the year or it will be discarded.

School Cornerstones Eastern Wright Journeys TREK STEP Village Ranch Sholund

Student's Name: _____ Date of Birth: _____ Grade: _____

Medication Name: _____ Teacher: _____

Dosage and quantity (*how many mg per tablet or milliliters, etc.*): _____

How often: (*such as every 4 hours, etc.*): _____

Is this a "PRN," meaning "AS NEEDED" medication? Yes No

How is this medicine given? (oral, topical, nasal, etc.): _____

Reason for student using this medication:

.....

I am giving permission to school personnel to administer medication and release them from liability in the event of reactions resulting in its use

I understand also that my child's teacher and designated staff may be consulted in regard to this diagnosis or medication usage to assure his/her safety. I agree to contact the school nurse at my child's school in the event I do not want this information shared.

I agree to pick up medications at the end of the school year or they will be discarded.

PARENTAL/GUARDIAN PERMISSION FOR MEDICATION ADMINISTRATION

Parent/Guardian Signature _____ Date _____

Phone Number where you can be reached: _____

MAWSECO CONTACT INFORMATION

MAWSECO Ed Center:
Journeys/TREK/STEP
720 9th Ave, Po Box 1010
Howard Lake, MN 55349
Phone: 320-543-1122
Fax: 320-543-1121

Revised 10/29/2018 JJH

Cornerstones / Eastern Wright
1405 3rd Ave NE
Buffalo, MN 55313
Phone: 763-682-6440