

PLEASE DO NOT WRITE ABOVE THIS LINE - FOR MAGNUS HEALTH USE ONLY



OVER-THE-COUNTER MEDICATION FORM

This coversheet is **ONLY** for the form and student listed above
and **MUST BE RECEIVED** for processing.



DO NOT use staples or paperclips!



Please print and complete this form then
submit all pages including this coversheet via:

FAX	MAIL
<p>(877) 447-9530</p> <p>Outside of the United States? Please fax to (978) 244-8894</p>	<p>-OR-</p> <p>Magnus Health Does Not Accept Mailed Forms</p>

Washington International School

3100 Macomb Street NW • Washington, DC 20008
 MS/US Nurse 202.495.7301 • PS Nurse 202.243.1709

NON-PRESCRIPTION CONSENT FORM

I, _____,
 Please Print

Parent of _____ in Grade _____,
 Please Print

recognize that over-the-counter (OTC) or non-prescriptions medications may be dispensed to my child at school only with written parental consent and physician authorization. I permit *Washington International School* to provide and dispense the medications listed below according to each manufacturer's directions and recommended dosage schedule.

I acknowledge that each of the authorized medications have been discussed with my child's primary care provider and are not contraindicated for my child based on my child's health or current medications. If my child's condition (including newly prescribed medications) change and these changes affect the use of these OTC, it is my responsibility to acquire and update a new non-prescription medication form immediately.

Please check the appropriate boxes:

- Acetaminophen (Tylenol or generic brand)
- Ibuprofen (Motrin, Advil or generic brand)
- Benadryl (Oral and topical)
- Tums Antacid
- Topical Creams: first aid ointment or spray
- Zyrtec

Any other OTC medication will have to be provided by the parent in its original, sealed container accompanied by a completed and signed consent form.



Signature of Parent _____

Date _____ Phone # _____



Signature of Physician _____

Date _____ Phone # _____