

Warsaw R-IX School District
Medication Administration Form
2018-2019

Parent/Guardian:

I request the nurse or designated school staff to give _____
the following medications as needed per the districts standing orders for over the counter
medications:

_____ Tylenol

_____ Ibuprofen

_____ Cough Drops

_____ Tums

_____ Benadryl

Date to begin: _____ Date to End: _____

Has the student taken this/these medications before? _____

Parent/Guardian Signature

Date

Phone Number