Oswayo Valley School District
Health Office

PO Box 610, Shinglehouse, PA 16748
ES Telephone: 814-260-1702 MS/HS Telephone: 814-260-1701
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Betty Wallace, BSN, CSN, RN

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Over The Counter Medication Administration Form

All medication should be in the **original** pharmaceutical container and be plainly marked with the student's name, name of the medication, dosage and the time to be administered.

Name of the student:_____

Medication:_____

Reason for the medication:_____

Dosage/time of administration:_____

Possible side effects/contraindications:_____

Parent Signature:_____ Date:_____