Oswayo Valley School District
Nicole Matthews, CSN, BSN, RN
School Nurse

277 S. Oswayo St.
Shinglehouse, Pennsylvania 16748
Elementary School 814-260-1702 / Fax 814-697-7799
Middle School/High School 814-260-1701 / FAX 814-697-6375

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:_____