

# MID VERMONT CHRISTIAN SCHOOL



MAILING ADDRESS:  
399 West Gilson Ave.  
White River Junction, VT 05001-9527

STREET ADDRESS:  
399 West Gilson Ave. at Route 4  
Quechee, VT 05059

## NON-PRESCRIPTION MEDICATION FORM\*

Name of child: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

All medication to be administered at school must comply with the following school policies:

1. The school nurse or designated staff member **must have this completed form** before medication will be given at school. Your physician may fax this form to MVCS at (802) 295-3748.
2. A **parent/adult** must bring the medication to school in the **original manufacturer's container**. Loose medication in plastic bags will not be accepted.
3. The school nurse or designated staff member must approve and administer the **first dose** of any medication given at school.
4. The school nurse or designated staff member may delegate administration of subsequent doses to another school staff member.
5. All medicine must be **kept in the office**.

### Medication Order:

Medication: \_\_\_\_\_ Strength: \_\_\_\_\_

Dosage/Route/Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Reason for Giving: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

.....  
**Date Received:** \_\_\_\_\_

**Signature of School Nurse/Designated Staff Member** \_\_\_\_\_

**\*non-prescription medication will only be administered according to manufacturer's label or prescription medication order and permission form will be necessary.**