

**NO OVER-THE-COUNTER MEDICATION SHALL BE
GIVEN WITHOUT THIS FORM**

**ST. MARY'S ELEMENTARY SCHOOL – TRACY MN 56175
225 6th St., Tracy MN 56175
507-629-3270 – FAX: 507-629-3518**

MEDICATION AUTHORIZATION AND INSTRUCTIONS: No medication can be given at school without written permission from the student's parent or legal guardian.

St. Mary's will **NO LONGER** provide over-the-counter medications per state regulations. All medicines dispensed in school must be sent to school in the original container that was purchased from the store with the child's name and dosage to be given clearly marked on the container. **All medications need to be brought in by the parent and not the child.**

PLEASE USE A SEPARATE MEDICATION FORM FOR EACH MEDICATION

Name of child _____ DOB _____
needs the following medication during school hours:

Name of Medication: _____

Dosage: _____

Given at (time(s): _____

For Treatment of : _____

Start Date: _____ End Date _____

Precautions to observe and report:

I request that the above medication be given at school as noted above.

Parent/Guardian Signature _____ Date _____