

## Richmond Consolidated School

*Each RCS student is required to have this form completed and **SIGNED** by parent and physician.*

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician/Practitioner Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ **Date of Last Appointment:** \_\_\_\_\_

<p>I request that authorized school personnel give the over-the-counter medication marked by a <input checked="" type="checkbox"/> when needed by this student.</p> <p>_____ Physician/Practitioner signature                      Date</p> <p>_____ Parent/Guardian signature                              Date</p> <p><b>Dosages to be determined by age and weight, according to product recommendation.</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Acetaminophen (Tylenol)</li> <li><input type="checkbox"/> Ibuprofen (Motrin/Advil)</li> <li><input type="checkbox"/> Antacids (Tums/Roloids)</li> <li><input type="checkbox"/> Benadryl (antihistamine for allergic reaction)</li> <li><input type="checkbox"/> Decongestant (Non-pseudoephedrine)</li> <li><input type="checkbox"/> Tussin for cough</li> <li><input type="checkbox"/> Cough drops</li> <li><input type="checkbox"/> Antibiotic ointment for topical use</li> <li><input type="checkbox"/> Hydrocortisone 1% cream for topical use</li> <li><input type="checkbox"/> None of the above (this option also requires both the physician and parent signatures)</li> </ul>
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ALL PRESCRIPTION AND NON-PRESCRIPTION MEDICATION (except those authorized above) INCLUDING INHALERS, EPI-PENS, HOMEOPATHIC, OR ANY OTHER OVER-THE-COUNTER MEDICATIONS, MUST HAVE A CURRENT WRITTEN ORDER BY A LICENSED PRESCRIBER ON FILE IN THE RCS HEALTH OFFICE.

A pharmacy labeled container can be used in lieu of a physician's order only in the case of short-term medications, i.e. those medication to be given for ten days or less, such as an antibiotic.

**IMPORTANT: SUBMIT AN ALLERGY/ANAPHYLAXIS OR ASTHMA TREATMENT PLAN IF APPLICABLE**

PLEASE UP-DATE THE FOLLOWING INFORMATION IF NEEDED:

Allergies: \_\_\_\_\_

Any chronic condition or concerns: \_\_\_\_\_

\_\_\_\_\_

Vision problem: \_\_\_\_\_

Eyeglasses to be worn for:    Reading \_\_\_\_\_    Distance \_\_\_\_\_    Worn constantly \_\_\_\_\_

Return To: Richmond Consolidated School - 1831 State Road - Richmond MA 01254