

**OTC PRN - As Needed Medication Record**

**Student's Name:** \_\_\_\_\_

**Grade/Classroom:** \_\_\_\_\_ **Parent Phone #** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Medication:** \_\_\_\_\_

**When to be given:** \_\_\_\_\_

**Start date:** \_\_\_\_\_ **Stop date:** \_\_\_\_\_

**Special considerations:** \_\_\_\_\_

**Name of Medical Provider:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Enter time medication given/Initials**

Date	Time	Initials		Date	Time	Initials		Date	Time	Initials

**Delegating School Nurse:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**School personnel authorized to administer the medication:**

1. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_
2. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_
3. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_
4. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_
5. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_
6. \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_