

Clinton County R-III School District
800 W. Frost Street
Plattsburg, MO 64477



OTC Medication Form

Student Name: _____ DOB: _____ Building: _____

Parent/Guardian Name: _____ Date: _____

Name of Medication: _____

Dosage: _____

Frequency of Dosage: _____

Anticipated Reactions: _____

Parent/Guardian Signature: _____ Date: _____

All medication must be in the original container and must be delivered to the school by a responsible adult.

This form must be completed and returned before medication can be given to the student. Dosage may not exceed the recommended dosage for the student's age/weight unless a written prescription is received.