WILLOWWIND SCHOOL
Igniting a passion for learning.
950 Dover St. • Iowa City, Iowa 52245 • Phone 319-338-6061 • Fax 319-339-4465 • www.willowwind.org

20 - 20 Willowwind School Request to Administer NON- PRESCRIPTION Medication in Preschool or School, B/ASP

Expiration Date_____

Non-Prescription medications can/may be administered at school only with written authorization from the parent or guardian as follows:

Date: _____

Child's Name: _____

Medication: _____

Needed during school day? _____ Yes _____ No

Number of days to be given: _____ or as needed _____

Dosage: _____ Give at: _____
AM PM

Side effects: _____

Special instructions: _____

Physician's Name: _____

Physician's Office & Phone Number _____

- ❑ **I have provided Willowwind School, Preschool and B/ASP with my child's non-prescription medication.** It is in the original container with his/her name attached. I request that authorized staff make provisions for my child to receive the medication as advised above.

Signed: _____ Date: _____
Parent/Guardian Signature