



Permission to Administer *Over-The-Counter* Medication

To be completed by Parent/Guardian and Physician

School policy requires consent of the **parent /legal guardian and physician** before school personnel can give any **over-the-counter (OTC)** medication to a student. Please complete this form and return to the school office/nurse.

Name of Student _____ DOB _____ Grade _____

Address _____ Telephone _____

Allergies _____

Please note: OTC medication will only be administered according to package instructions. Any dosing outside of OTC dosing instructions requires a medication order from a licensed prescriber. For example, ibuprofen 600 mg is outside of package dosing instructions.

1. Name of medication:

2. Dose of medication (specific- one tablet, one teaspoon; how often- every 6 hours, as needed etc.)

(OTC medication may not be given more than 3 days in a row)

3. Description of medication (color, liquid, tablet, etc.)

4. Condition for which medication is administered (headache, toothache, cramps, etc.)

5. Time or indication for administration (example: after lunch, at onset of headache, as needed)

6. Possible side effects to be noted/reported

7. Special instructions _____

8. Effective Date _____ Expiration date of this request _____

9. Student's doctor's name _____ Phone number _____

10. EMERGENCY contact name _____ Number _____

Physician/Prescriber signature _____ Number _____

I give permission for the principal or his/her designee to administer the above medication to my child and further agree to the following:

1. Submit to school personnel a revised statement when any change in the original statement occurs.
2. Submit to the school personnel a written statement when medication has been discontinued.
3. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
4. All medications must come to school in the original container.

THIS FORM EXPIRES AT THE END OF THE SCHOOL YEAR

NORTH COLLEGE HILL CITY SCHOOLS

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Superintendent

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Kevin Hawley

Treasurer

CINCINNATI, OHIO 45239

Kay Faris, Ph.D.

Assistant Superintendent



5. In signing below, you are releasing the North College Hill City School District Board of Education and its employees of any liability concerning the administering or non-administration of a medication to your child.

Parent/Guardian Signature

Date

Daytime Phone number

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