# CINCINNATI HILLS CHRISTIAN ACADEMY (2021-2022)
## School Medication Permission Form – **Preschool Students Only**
## (For both Over the Counter and Prescription Medications)

In accordance with Ohio Revised Code 3313.713 and our School Medication Policy (found in the Family Information Guide), a parent/guardian consent **and** doctor/dentist consent is required for **all** medications to be given to a student by school personnel. **This includes over-the-counter medication.** All requested information must be completed in full, including **physician's signature** and returned to the health room.

### This area to be completed in full by the parent / guardian

Name of Student___________________________________ Date of Birth_______________________ Grade__________________

Student's Address________________________________________ CHCA Building______________ Home Room______________

*I authorize Cincinnati Hills Christian Academy nurse or school personnel to administer medication as instructed to my child. I agree to deliver the medication in a timely manner to the school in the original container with pharmacy label if applicable. I will notify the school if I change physicians or if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for this medication. I fully release Cincinnati Hills Christian Academy, its employees and Board of Trustees from all liability related to the administration of this medicine.*

Parent/Guardian Signature_______________________________ Printed Name _________________________Date______________

Phone during school hours: #1_________________________________ #2_________________________________
Circle one: Home / Work / Cell Circle one: Home / Work / Cell

Parent/Guardian Signature_________________________________ Printed Name ___________________________ Date___________

Phone during school hours: #1_______________________________ #2_________________________________
Circle one: Home / Work / Cell Circle one: Home / Work / Cell

### This box to be completed in full by the physician:

**NOTE**: If dose not indicated below for Over the Counter Medications, will follow manufacturer's recommended dosage for age/weight.

Date of Authorization___________________ Start Date _________________________ Stop Date ______________________

- ❑ Acetaminophen Junior (ie. Tylenol Jr.- Q4 to 6 hours PRN-Oral): _________mg
- ❑ Ibuprofen Junior (ie. Motrin Jr. or Advil Jr. – Q 6 to 8 hours PRN-Oral): _____ mg
- ❑ Other Medication:________________________________________ Dosage / Route_______________________________

Time(s) to be given:____________________________ Frequency_________________________________

First aid items:
- ❑ Triple antibiotic ointment for minor wounds
- ❑ Hydrocortisone cream (1%) for itching
- ❑ Cough drops - 1 drop q2h
- ❑ Caladryl Clear for itching from insect bites, rashes

Allergies: for orders related to specific symptoms submit an Allergy Action plan found on the CHCA website.
- ❑ Diphenhydramine HCL (ie Benadryl) - __________ mg oral route, Q_________hours for minor allergic reactions
- ❑ Epinephrine ________ mg, IM, into outer thigh and call 911 for emergency treatment of severe, life threatening allergic reaction
- ❑ Asthma Inhaler_________________________________- ________puffs Q________ prn for wheezing, shortness of breath, cough

Adverse reactions to be reported for any listed medication ______________________________________________________________

Special instructions: ______________________________________________________________________________________

Procedure to follow in the event medication does not relieve symptoms: _____________________________________________________

**Prescribing physician (print) ____________________________________ Signature________________________________________**

Physician emergency telephone________________________ Alternate phone #__________________ Fax #___________________

E.B.L. Elementary School (513) 247-9944 x 109 Fax (513) 247-0125
Otto Armleder Education Center (513) 721-2422 x 428 Fax (513)721-3300

THIS PERMISSION FORM IS NO LONGER VALID AFTER THE END OF THE CURRENT SCHOOL YEAR

*(REV. 3/8/21 BM)*

Created on 5/25/2021