

CINCINNATI HILLS CHRISTIAN ACADEMY
2021-2022 School Medication Permission Form (for K-12 students only)
(For Over-the-Counter and Prescription Medications)

In accordance with Ohio Revised Code 3313.713 and our School Medication Policy (found in the Family Handbook, 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 School Nurse. A medical order is required for students to self- carry an inhaler or Epinephrine.

Note: Students may not transport medication unless physician has completed a written order to carry an inhaler or Epinephrine

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

This box to be completed in full by the physician-

Date of Authorization _____ Start Date _____ Stop Date _____

ALLERGIES: FOOD _____ DRUGS _____ STUDENT WT. _____

NOTE: If dose is not indicated below for Over the Counter Medications, directions for age/weight provided on package, will be followed.

- Acetaminophen (i.e. Tylenol Q 4 to 6 hours PRN-Oral): _____ mg
- Ibuprofen (i.e. Motrin, Advil, Q 6 to 8 hours PRN- Oral): _____ mg
- Naproxen (i.e. Aleve Q 8-12 hours PRN-Oral): _____ mg
- Calcium carbonate (i.e. Tums, Q 2 hours not to exceed 2 doses): _____ mg

First aid items:

- Triple antibiotic ointment for minor wounds
- Hydrocortisone cream (1%) for itching
- Cough drops - 1 drop q2h
- Pseudoephedrine _____30mg. For congestion.
- Caladryl Clear for itching from insect bites, rashes
- Phenylephrine HCl _____10mg. For congestion.

Allergies: for orders related to specific symptoms submit an allergy action plan found on CHCA website.

- Diphenhydramine HCL (i.e. Benadryl): _____25 mg. _____50mg. po Q _____ hours for minor allergic reactions
- Epinephrine _____ mg, IM, into outer thigh and call 911 for emergency treatment of severe, life threatening allergic reactions

(students who carry an Epinephrine must provide a back up pen to the school nurse per ORC3313.718)

- Asthma Inhaler _____ - _____ puffs Q _____ PRN for wheezing, shortness of breath, cough
- Other Medication #1:** _____ Dose _____
 Route _____ Time(s) _____ Frequency _____
- Other Medication #2:** _____ Dose _____
 Route _____ Time(s) _____ Frequency _____
- Other Medication #3:** _____ Dose _____
 Route _____ Time(s) _____ Frequency _____

Adverse reactions to be reported for any listed medication _____

Special instructions: _____

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

FOR STUDENTS WHO SELF CARRY INHALERS OR EPINEPHRINE, SEE BOX BELOW, MD MUST READ & SIGN INSIDE THE BOX

Prescribing physician (print) _____ Signature _____

Physician telephone _____ Fax # _____

If parents want their child to self-carry an inhaler or Epinephrine, the medical provider MUST, complete this portion of the form for the child to self-administer. I agree that the student has been instructed in the proper use of the inhaler or Epi-pen, the expected results and possible side effects, and is capable of carrying and self-administering the medication. YES _____ NO _____

Medical Provider Signature: _____

E.B.L Elementary School (513) 247-9944 x109/ Fax (513) 247-0125 or MD to send Encrypted Email to EBLNurse@chca-oh.org
 Founders' Campus (513) 247-9944 X209/Fax (513) 247-9362 or MD to send Encrypted Email to FCNurse@chca-oh.org
 M.S.L Upper School (513) 247-9944 X 309/Fax (513) 247-0982 or MD send Encrypted email MSLNurse@chca-oh.org
 Armleder School (513) 247-9944 X 428/ Fax (513) 721-3300 or MD send Encrypted Email to ASNurse@chca-oh.org
THIS PERMISSION FORM IS NO LONGER VALID AFTER THE END OF THE CURRENT SCHOOL YEAR (REV. 03-08-21 BM)