

LAKE LOCAL SCHOOL DISTRICT OVER-THE-COUNTER MEDICATION REQUEST FORM

The following information must be completed and the form signed by parent/guardian in order for OVER THE COUNTER MEDICATION to be administered by school personnel.

Student Last Name _____ Student First Name _____

Building _____ School Year _____ Grade _____ Date of Birth _____

Medication: As the parent/guardian I give permission to Lake Local Schools to dispense MEDICATION for headaches, minor aches/pain, rashes, cuts. **All medications must be provided by the parent and delivered to the school in its original container with the students name and dosing instructions.**

Neosporin ointment (or generic equivalent) for minor scrapes/cuts: Yes No

Calamine lotion/Caladryl or Benadryl lotion for itching/skin rashes: Yes No

Children's Liquid Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/minor aches:
 0ml 5ml 7.5ml 10ml 12.5ml 15ml

Children's Chewable Tylenol/Acetaminophen 100mg - every 6 hours for headache/minor aches:
 0 chewable 1 chewable 2 chewable

Tylenol/Acetaminophen 325mg – every 6 hours by mouth for headache/minor aches: 0 pills 1 pill 2 pills

Extra-Strength Tylenol/Acetaminophen 500mg – every 6 hrs. by mouth for headache/minor aches: 0 pills 1 pill 2 pills

Children's Liquid Advil/Ibuprofen 100mg per 5ml every 6 hours by mouth for headache/minor aches:
 0ml 5ml 7.5ml 10ml 12.5ml 15ml

Children's Chewable Advil/Ibuprofen 100mg – every 6 hours for headache/minor aches:
 0 chewable 1 chewable 2 chewable

Advil/Ibuprofen 200mg – every 6 hours by mouth for headache/minor aches: 0 pills 1 pill 2 pills

Aleve (Naproxen) 220mg every 8 to 12 hours. Aleve (Naproxen) WILL NOT be accepted for children under 12 years of age except under the advice and supervision of a doctor. Yes No

Tums Antacid (Calcium Carbonate) 2-4 500mg tablets. Tums Antacid (Calcium Carbonate) WILL NOT be accepted for children under 12 years of age except under the advice and supervision of a doctor. Yes No

Cough Drop: 0 1 2

Sunscreen: Yes No

Other Medication:

| <u>Name of Medication</u> <i>Example: Tylenol</i> | <u>Amount of Medication</u> <i>325 mg</i> | <u>Time of Administration</u> <i>every 6 hours as needed for pain</i> | <u>How to Administer</u> <i>tablet by mouth</i> |
|--|--|--|--|
|--|--|--|--|

1. _____

2. _____

Over-the-Counter Medication/Permission to Dispense

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by the Lake Local Schools employees, officers, or agents, we the undersigned, hereby waive all claims which might arise from said administration of medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Lake Local School district, Lake Local Board of Education, its members, officers, employees, and agents from any and all liability relative to the administration of such medication.

My child's physician or other prescribing healthcare provider is aware that this medication is necessary for my child to take during the school day. My child has taken this medication before without side effects. I further understand that it is my responsibility to pick up any leftover medication at the end of the administration dates. I realize that this form will not be used next year or after the above dates.

- There must be notification to the school if there is any change in the medication instructions.
- Please provide any other information that will help insure the proper and safe usage of the medication.
- Prescription medications must be brought in prescription bottle with signed instructions from the physician.
- It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the administration period (or school year). Any unclaimed medication will be disposed of prior to the next school year.

Parent/Guardian Signature

Date

Phone Numbers (Home/Work/Cell)

SCHOOL USE:

Date Received: _____

By whom (initials): _____

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