

**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 _____

As the parent/guardian of the child named above, I give permission to Lake Local Schools to dispense the medication I have indicated below to my child. I also understand the following:

- **All medications must be provided by the parent/guardian and delivered to the school in its original container.**
- **All medication will be kept in the clinic.**
- **It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the school year. Medication that does not expire over summer break can be kept at school to be available the following school year. School staff cannot administer expired medication.**
- **This form will expire at the end of the school year listed above.**

Children’s Liquid Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/minor aches:

5ml 7.5ml 10ml 12.5ml 15ml

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

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

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

Children’s Liquid Advil/Ibuprofen 100mg per 5ml every 6 hours by mouth for headache/minor aches:

5ml 7.5ml 10ml 12.5ml 15ml

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

Advil/Ibuprofen 200mg – every 6 hours by mouth for headache/minor aches: 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

Cough Drop: Yes

Neosporin ointment (or generic equivalent) for minor scrapes/cuts: Yes

Other Medication:

<u>Name of Medication</u>	<u>Amount of Medication</u>	<u>Time of Administration</u>	<u>How to Administer</u>
<i>Example: Claritin</i>	<i>10 mg</i>	<i>every 24 hours as needed for allergy symptoms</i>	<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 has taken this medication before without side effects. There must be notification to the school if there is any change in the medication instructions. Please provide any other information that will help ensure the proper and safe usage of the medication.

Parent/Guardian Signature

Date

Phone Number