

Miami Valley Career Technology Center
6800 Hoke Rd., Clayton, OH 45315
School Nurse's Phone Number- 937-854-6261
Fax Number- 937-837-1594

ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

The Clinic in the West Building will keep a supply of generic acetaminophen, ibuprofen and Pepto Bismol. These are adult strength **tablets**.

Student Name _____

Student Grade _____ DOB _____ Student Program _____

I hereby request and grant permission for the above named school to supervise the medication routine below for the above named student. I understand that non-medical school personnel may supervise the administration of medication. This authorization will be in effect unless revoked in writing by the parent/guardian.

____ Yes ____ No Acetaminophen (Tylenol) (325 mg/tab) 2 tablets

____ Yes ____ No Ibuprofen (Advil) (200 mg/tab) 2 tablets

____ Yes ____ No Pepto Bismuth (Pepto Bismol) (262 mg/tab) 2 chewable tablets

My child may take the above medication as needed or by special directions given below.

Parent/Guardian Signature _____

Special Directions _____

Only use this section if needed

As the parent/guardian, I will supply the following over-the-counter medication for my child to take when needed. Medication must be brought in to school in original container.

Name of Medication _____

Dosage and Directions _____

Date to begin _____ Date to end _____

Parent/Guardian Signature _____

Date _____ Daytime Phone Number _____