Lowellville Local Schools

52 Rocket Place
Lowellville, Ohio 44436

While we do not encourage the use of over-the-counter medication in school, we realize that students may sometimes require medication for headaches, stomachaches, cramps, pain from braces, toothaches, etc. Written permission, signed by the parent for non-prescription medication, must be received before it can be administered to the student.

NON-PRESCRIPTION MEDICATION PERMISSION FORM

_____

Child's Name Grade

_____

Telephone Number

Allergies:

_____

_____

IN THE EVENT MY CHILD'S SYMPTOMS INDICATE A NEED, I REQUEST THAT DESIGNATED SCHOOL PERSONNEL (SCHOOL NURSES OR ASSIGNED PERSONNEL) ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD. MY CHILD HAS TAKEN SIMILAR MEDICATION BEFORE WITH NO SIDE EFFECTS. SCHOOL PERSONNEL WILL NOT BE RESPONSIBLE IN THE EVENT MY CHILD SHOULD DEVELOP AN ALLERGIC REACTION TO THIS MEDICATION

_____ TYLENOL _____ IBUPROFEN

_____ TUMS (1-2 pills) _____ OTHER _____
(Specify medication and dose)

_____

Parent Signature Date

MEDICATION MUST BE BROUGHT IN BY PARENT/GUARDIAN IN THE ORIGINAL CONTAINER LABELED WITH THE STUDENT'S NAME