MIAMI VALLEY
CAREER TECHNOLOGY CENTER
6800 Hoke Road | Englewood, OH 45315
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Administration of Over-The-Counter (OTC) Medication

Student Information

Name: _____ MVCTC ID #: _____

Address: _____ City: _____ Zip: _____

Partner School: _____ Program: _____

School Supplied Medication Authorization

The School Clinic will keep a supply of generic acetaminophen, ibuprofen, and Pepto Bismol for student use as determined by the School Nurse. These are adult strength **tablets**.

☐ I hereby request and grant permission for the MVCTC school nurse or school nurse designee to provide the medication checked below as requested and determined by the school nurse. 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.

Check to Grant Permission:

☐ Acetaminophen –325 mg/tab (i.e., Tylenol) – 2 tablets
☐ Ibuprofen –200 mg/tab (i.e., Advil) – 2 tablets
☐ Pepto Bismuth –262 mg/tab (i.e., Pepto Bismol) – 2 chewable tablets

Share any special instructions (if any):

_____
_____

Parent Supplied Medication Authorization (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 into school in the original container

Medication Drug Name: _____

Dosage and Directions: _____

Start Date: _____ End Date (if known): _____

Circumstances for Use:

_____
_____

Share any special instructions (if any):

_____
_____

Parent/Guardian Name (Print): _____

Parent/Guardian Phone #: _____ Email: _____

Parent/Guardian Signature: _____ Date: _____

Return this form to the MVCTC School Nurse