

Heritage Christian School

MEDICATION & SCREENINGS CONSENT FORM

Child Name(please print): _____ Child Birthdate: _____

List any known drug allergies: _____

Over the Counter Medications

The following medication will be available for students throughout the 23-24 school year.

Please initialize each medication that you consent your child to receive while at school.

Over the counter (OTC) medication will only be administered by the school nurse, on days she is in the building. The following medications are a free resource provided by the school in an effort to reduce the burden on working parents and reduce interruptions in learning. Students may only receive a max of 1 dose per day and 10 doses per month - per medication.

_____ Acetaminophen (Tylenol) - for pain/headache/cramps

_____ Ibuprofen - for pain/headache/cramps

_____ Tums - for an upset stomach

_____ Menthol Cough Drops - for sore throat/cough

_____ **I do not consent for my child to receive over the counter medication at school**

- ❖ A parent notification letter will be sent home with each student receiving medication at school. The nurse will attempt to contact parents via phone each time before medication is given. If the nurse is unable to reach a parent by phone, the medication will be administered according to consent given on this paper and a parent notification letter will be sent home.

I have reviewed the medications and hereby consent to the use of the medications initialized above for the treatment of my child while in school. I consent to dosing that will not exceed the manufacturers' recommended dose listed on the back of this form. I realize that OTC medication will only be administered by the school nurse, when available. The school nurse has the right to refuse to give medication if deemed unnecessary per nursing judgment. I understand that OTC medication will not be available during Field Trips or before/after school programs. I understand that I am responsible for obtaining a physician's prescription order and supplying medication to the school if my child needs a specific medication more than 10 times in one month or before/after school hours & during Field Trips. I release Heritage Christian School and its employees of any legal responsibility related to the administration of the above over the counter medications.

Health Screenings

I understand that my child may receive vision and hearing screenings as mandated by law of Ohio, unless I submit a written request to the school nurse stating that they are not to be performed on my student.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name(Print): _____ Phone: _____

Please see back for manufacturers recommended doses that will be used.

Heritage Christian School

Manufacturers recommended doses:

Children's Chewable Acetaminophen (Tylenol) 160 mg per tablet. Ages 4-11

Age (years)	Dose (Tablets)
4-5 years	1 ½ tablets
6-8 years	2 tablets
9-10 years	2 ½ tablets
11 years	3 tablets

Extra Strength Acetaminophen 500mg per tablet Ages 12 and up

Ages 12 and up	2 tablets (1000mg)
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Children's Chewable Ibuprofen Tablets- 100mg per tablet Ages 4-11

Age (years)	Dose (Tablets)
4-5 years	1 ½ tablets
6-8 years	2 tablets
9-10 years	2 ½ tablets
11 years	3 tablets

Ibuprofen Tablets - 200mg per tablet - Ages 12 and up

Ages 12 and up	1-2 tablets
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Children's Antacid Tablet Chewable Tums- Calcium Carbonate 400mg per tablet. Ages 4-11

Ages 2-5 years	1 tablet
Ages 6-11 years	2 tablets

Extra Strength Antacid Tablets - Calcium Carbonate. 750mg per tablet. Ages 12 and up

Ages 12 and up	2-4 tablets
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Menthol Cough Drops - Menthol 5.8 mg per drop. Ages 5 and up

Ages 5 years and up	Dissolve 1 lozenge slowly in mouth
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