

HERITAGE CHRISTIAN SCHOOL

Over the Counter Medication Form

Student Information

Student Name _____ Date of Birth _____

Student Address _____

List any known drug allergies: _____

Medication Information

Name of medication:	Dosage:
Time to be given:	Reason for medication:
Start Date:	Stop Date:
Form of medication: ___ Tablet ___ Liquid ___ Other	
Special Instructions:	<input type="checkbox"/> Refrigeration needed
Potential Adverse Reactions:	

Parent/Guardian Authorization

<p><input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. I understand that additional parent signed statements will be necessary if the dosage of medication is changed. I understand that a physician's prescription is needed to give over the counter medication that is more than the manufacturer's recommended dose.</p> <p><input checked="" type="checkbox"/> Medication and forms must be received by the school nurse and/ or school office. The medication must be in the original container and be properly labeled with the student's name, name of medication, dosage, strength, time interval route of administration and the date of drug expiration when appropriate.</p> <p><input checked="" type="checkbox"/> I understand that as the parent/guardian, that I am responsible for providing medication to the school. I release Heritage Christian School and its employees of any legal responsibility related to the administration of over the counter medication.</p>			
Parent/Guardian Signature	Date	#1 contact phone	#2 contact phone

*** Physicians signature is not required for over the counter medications**

Medication Drop-Off and Pick-Up Instructions

Medication drop-off instructions

Parent/Guardian must drop off medication (or designate a responsible adult) to school. **Students may not transport medications or refills.**

The Ohio Revised Code and school district policy state that you must have:

- Written medication authorization record signed from the parent/guardian.
- Medication must be brought in its original container.
- Medication dose must not exceed manufacturer's recommended dose.

Medication pick-up instructions

If your child's medication is discontinued during or after the end of the school year, safe arrangements must be made for the medication to be returned home. Please indicate your choice of how you prefer us to handle the return of your child's medication once discontinued by the health care prescriber or at the end of the school year.

1. _____ I will come to the school office/clinic when my child's medication is discontinued by the health care prescriber or it is the end of the school year.
2. _____ I request that the school dispose of any medication remaining after the last day of school.

If medication is not picked up at the end of the school year, all medication will be discarded and will not be stored over summer.

Parent/Guardian Signature

Date

Please contact the school for any questions or concerns.