

Avon Lake City Schools

Non-Prescription Medication Form



Dear Parents/ Guardians,

For any PRESCRIPTION MEDICATIONS to be taken at school, a Prescription Medication Form must be completed and signed by the parent and physician.

For any NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS to be given at school, a Non-Prescription Medication Form must be completed and signed by the parent.

NOTE: ALL NON-PRESCRIPTION MEDICATIONS MUST BE ADMINISTERED ACCORDING TO PACKAGE DOSAGE/DIRECTIONS UNLESS OTHERWISE ORDERED BY A PHYSICIAN.

In order for your student to take an over-the-counter medication at school, the following procedure must be followed:

1. Please complete and sign the attached Over-The-Counter Medication Administration Form and return to the building nurse.
2. Medication must be brought to the school by the parent or a responsible adult.
3. All medications must be in the original package with the student's name marked on the container.
No exceptions!
4. Medications will be stored in the locked medication cabinet in the clinic. Students are not permitted to keep any medication with them or in their lockers, with the exception for asthma inhalers or epinephrine auto-injectors (provided the appropriate forms have been completed by the physician and parent).
5. Students must take their medication in the clinic.
6. If there is any change in the medication, dose, or instructions, a new over-the-counter medication form must be completed.
7. A new medication form is required EACH school year.
8. Medication must be picked up at the end of the school year or it will be discarded.

As the nurses caring for the students, we are very concerned about the health and safety of all students in our schools. This medication policy and procedure ensures the safe administration of medication to your student and promotes a safe school building. If you have any questions or concerns, please contact the nurse at your child's school.

Avon Lake City Schools

Over-The-Counter Medication Form



The following information is necessary for any student to receive a NON- PRESCRIPTION (Over- the- Counter) medication while in school. All spaces must be completed. **NOTE: ALL NON-PRESCRIPTION MEDICATIONS MUST BE ADMINISTERED ACCORDING TO PACKAGE DOSAGE/DIRECTIONS UNLESS OTHERWISE ORDERED BY A PHYSICIAN.**

Student Information:

Student Name:	Date of Birth:	
Student Address:		
School:	Grade:	Teacher:
List any known drug allergies:	Height:	Weight:
Name of Medication:	Reason for use:	
Dosage:	Route:	Interval/ Time to be given:
Date to begin medication:	Date to end medication:	
Possible side effects of this medication:		

I understand that I (parent or guardian) am responsible for the safe delivery of all medications to the school.

I agree:

1. Medication will be stored in the clinic in the original container.
2. Medications will be taken in the clinic.
3. To submit a new form if the medication, dosage, or instructions have changed.

I hereby release the Avon Lake City Schools, Board of Education, its officials and staff from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

Parent/ Guardian Signature:	Parent/ Guardian Name: (print)	
Date:	#1 Contact Phone	#2 Contact Phone