

AVON LAKE CITY SCHOOLS
175 Avon Belden Rd.
Avon Lake, Ohio 44012



OVER-THE-COUNTER MEDICATION FORM

Dear Parents,

In all Avon Lake City Schools, a Medication Administration Form must be completed and signed by a licensed healthcare prescriber and parent in order for your student to take PRESCRIPTION MEDICATIONS AT SCHOOL.

In all Avon Lake City Schools, an Over-The-Counter Medication Form must be completed and signed by the parent in order for your student to take NON-PRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS AT SCHOOL.

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 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. The medication must be brought to the school by the parent or designated responsible adult.
3. All medications must be in the original container with the student's name marked on bottle. No exceptions!
4. Medications must 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 auto-injector epinephrine, 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 parent permission form must be completed.
7. A new medication form is required EVERY school year.

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 us at your child's school.

Respectfully,
The Avon Lake City Schools Nursing Department
PLEASE KEEP THIS PAGE!

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OVER-THE-COUNTER MEDICATION FORM 2011-2012

To the parent or guardian of: _____

The following information is necessary for any student to receive Non-Prescribed (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:			DOB
Student Address:			
School:	Grade:	Teacher	
List any known drug allergies:	Height:	Weight:	
Name of Medication:	Reason for use:		
Dosage:	Route:	Time/Interval:	
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 clinic.

I agree:

1. To store medication in the clinic in the original container.
2. To instruct my child to take the medication 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:	Date:
Parent Phone Number:	Additional Phone Number: