

Medication Request re:
Non-Prescribed (Over the Counter) Medication

The following non-prescribed, over-the-counter medications and topical products are maintained in the school clinics in each of the schools operated by the Beavercreek City School District Board of Education ("Board of Education"). The purpose of these medications is to address minor discomfort that students may experience during the school day. Should you wish for your child to receive any of these medications or topical products while at school, please complete and return this form to the administrative office or the nurse at the school your child attends.

Student Name	
Date of Birth	
School/Teacher	

I, _____, the parent, guardian, or other person having lawful care and/or charge of the above-mentioned student, hereby authorize a licensed health professional or other designated personnel employed by the Board of Education administer, after assessing the student and in accordance with Board of Education Policy 5330, each of the medication(s) and/or product(s) checked below:

- | | |
|--|---|
| <input type="checkbox"/> Acetaminophen
<input type="checkbox"/> Ibuprofen
<input type="checkbox"/> Antacid
<input type="checkbox"/> Benzocaine Oral
<input type="checkbox"/> Benadryl/Diphenhydramine
<input type="checkbox"/> Cough Drop | <input type="checkbox"/> Antibiotic ointment
<input type="checkbox"/> First aid antiseptic
<input type="checkbox"/> Burn Jel w/ Lidocaine
<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Aloe Vera 100%
<input type="checkbox"/> Caladryl
<input type="checkbox"/> Hydrocortisone Cream 1%
<input type="checkbox"/> Zinc Oxide |
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* All medications and products shall be administered in the clinic in the school that your child attends, and no student shall be permitted to take the medications or products designated on this form outside of the school clinic or the presence of a licensed health professional or designated personnel.

* The licensed health care professional will contact you or an authorized, emergency contact before Ibuprofen, Acetaminophen, and/or Benadryl/Diphenhydramine is administered. If contact cannot be made, the medication will not be administered.

* By signing this document, the parent, guardian, or other person having lawful care and/or charge of the above-mentioned student hereby releases the Board of Education and any employees or other representatives from all liability, causes of action, or other responsibility in any way related to the administration of the foregoing non-prescribed, over-the-counter medications.

Signature

Date

Daytime Telephone