

Jefferson Township Local Schools

School Health Services

2625 South Union Road Dayton, Ohio 45417
Phone 937-835-5682 Fax 937-835-5955

Administration of Over-the-counter Medication at School

Each building in the Jefferson Township Local School District will keep a supply of acetaminophen, ibuprofen, and an antacid. These will be adult strength tablets, children's CHEWABLE tablets or liquid equivalent in generic brand.

Name of School _____

Name of Student _____

Address of Student _____

Student's grade _____ Teacher _____

Student's birthdate _____

My child may take the following medications at school. I understand that non-medical school personnel may supervise the administration of this medication. This authorization will be in effect for the current school year unless revoked in writing by the parent/guardian.

- Acetaminophen (Tylenol)
- Ibuprofen (Motrin)
- Antacid (Tums)

The dosage directions on the bottle will determine dosage of each medication.

As the parent/guardian, I will supply the following over-the-counter medication for my child to take when needed.

Name of medication _____

How many _____ How often _____

Parent/Guardian Signature _____

Date _____

Home Phone _____ Daytime phone number _____

Disclaimer: The school district maintains the right to restrict the use of this form for certain over-the-counter medications.

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**REQUEST FOR ADMINISTERING OVER THE COUNTER MEDICATION
DURING THE SCHOOL DAY**

TO BE COMPLETED BY PARENT/GUARDIAN

DATE _____ GRADE _____ DOB _____

NAME OF STUDENT _____

MEDICATION TO BE TAKEN

NAME OF MEDICATION _____

DOSAGE/TIME INTERVALS _____

BEGINNING DATE _____ ENDING DATE _____

I request that the above over the counter medication be administered to my child according to the instructions provided. I will deliver or send in the medication to the school in the container in which it came. *Medication must be in original proper container.*

Signature of Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____

Received By _____ Date _____

Beginning Medication Count _____