

ST. JOHN CENTRAL SCHOOL

Non-Prescription Medication Dispensing Form

To the parent/guardian:

Occasionally your child may unexpectedly need non-prescription over-the-counter medication during a school day. Examples include headache, menstrual cramps, dental pain, etc. The Diocese of Steubenville is allowing the administration of the limited non-prescription medications to be administered with parental/guardian permission during the school day.

Please complete this form if you request your child to receive any of the non-prescription medications listed below during school hours. **Complete a separate form for each child**

Name of Student: _____

Date of Birth: _____ Grade: _____

Medication: _____

List all medication allergies: _____
(If none, write "No Known Medication Allergies")

Reason for medication: _____

I authorize the school nurse, principal or designee to give the following non-prescription medication(s) to my child. **PLEASE NOTE: WE WILL ONLY PROVIDE THE MEDICATIONS LISTED. MANUFACTURER'S DIRECTIONS WILL BE FOLLOWED. IBUPROFEN WILL NOT BE GIVEN TO ANY CHILD UNDER 12 YEARS OF AGE.**

_____ Tylenol – (Acetaminophen regular strength tablets only)

_____ Ibuprofen – regular strength tablets only (12 years of age and over)

_____ Cough drops (non-medicated, Halls)

_____ Antacid (Tums or Roloids)

Students who require non-prescription medication more than 3 (three) times in one month or more than 3 (three) days in a row will be referred for a medical examination. If applicable, parent or guardian contact will be attempted before medication is administered.

Signature of Parent/Guardian

Date

Daytime phone number _____