LAKE LOCAL SCHOOL DISTRICT OVER-THE-COUNTER MEDICATION REQUEST FORM

SCHOOL USE:

Date Received:

Student Last Name	The following information must be completed and the fo	orm signed by parent/guardian in	n order for OVER THE COUNTER MEDICATION	N to be administered by school personnel.
Medication: As the parent/guardian give permission to Lake Local Schools to dispense MEDICATION for headaches, minor aches/pain, rashes, cuts. All medications must be provided by the parent and delivered to the school in its original container with the students name and dosing instructions. Neosporin ointment (or generic equivalent) for mitching/skin rashes: U yes	Student Last Name Student First Name			
aches/pain, rashes, cuts. All medications must be provided by the parent and delivered to the school in its original container with the students name and dosing instructions. Neosporin ointment (or generic equivalent) for minor scrapes/cuts: Yes No Calamine lotion/Caladryl or Benadry I totion for itching/skin rashes: Yes No Children's Liquid Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/minor aches: One The part of the part	Building	School Year	Grade Date	of Birth
Calamine lotion/Caladryl or Benadryl lotion for itching/skin rashes: \ Yes \ No Children's Liquid Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/minor aches: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	aches/pain, rashes, cuts. All medications n	nust be provided by the		
Children's Liquid Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/minor aches: Online 17,5ml 10ml 12,5ml 15ml 15ml	Neosporin ointment (or generic equivalent) for	minor scrapes/cuts: Yes	□ No	
Children's Chewable Tylenol/Acetaminophen 100mg - every 6 hours for headache/minor aches: 0 chewable 1 chewable 2 chewable 2 chewable 2 chewable 2 chewable 2 chewable 325mg - every 6 hours by mouth for headache/minor aches: 0 pills 1 pill 2 pills 2	Calamine lotion/Caladryl or Benadryl lotion for i	tching/skin rashes: 🗖 Yes	□ No	
Tylenol/Acetaminophen 325mg – every 6 hours by mouth for headache/minor aches:				
Extra-Strength Tylenol/Acetaminophen 500mg — every 6 hrs. by mouth for headache/minor aches:			adache/minor aches:	
Children's Liquid Advil/Ibuprofen 100mg per Sml every 6 hours by mouth for headache/minor aches: Onl Sml 7.5ml 10ml 12.5ml 15ml Children's Chewable Advil/Ibuprofen 100mg – every 6 hours for headache/minor aches: O chewable 1 chewable 2 chewable 2 chewable 2 chewable 4 chewable 2 chewable 2 chewable 4 chew	Tylenol/Acetaminophen 325mg – every 6 hours	by mouth for headache/m	inor aches: 🚨 0 pills 🚨 1 pill 🚨	l 2 pills
Children's Chewable Advil/Ibuprofen 100mg = every 6 hours for headache/minor aches: 0 c hewable 1 chewable 2 chewable 2 chewable 2 chewable 2 chewable 2 chewable 3 chewable 2 chewable 4 chewable 2 chewable 2 chewable 2 chewable 4 chewab	Extra-Strength Tylenol/Acetaminophen 500mg -	every 6 hrs. by mouth for	headache/minor aches: 🚨 0 pills	□ 1 pill □ 2 pills
Advil/ibuprofen 200mg — every 6 hours by mouth for headache/minor aches:				
Aleve (Naproxen) 220mg every 8 to 12 hours. Aleve (Naproxen) WILL NOT be accepted for children under 12 years of age except under the advand supervision of a doctor. Yes No Tums Antacid (Calcium Carbonate) 2-4 500mg tablets. Tums Antacid (Calcium Carbonate) WILL NOT be accepted for children under 12 years of age except under the advice and supervision of a doctor. Yes No Cough Drop: 0 1 2 Sunscreen: Yes No Other Medication: Name of Medication Example: Tylenol 325 mg No Over-the-Counter Medication/Permission to Dispense With full knowledge of any emergencies, dangers, and risks related to the administration of such medication to said minor child. We hereby assume full responsibility for the administration of such medication of such medication. School district, Lake Local Board of Education, its members, officers, employees, and agents from any and all liability relative to the administration of such medication. My child's physician or other prescribing healthcare provider is aware that this medication is necessary for my child to take during the school day. My child has taken this medication before without side effects. I further understand that it is my responsibility to pick up any leftover medication at the end of the administration dates. I realize that this form will not be used next year or after the above dates. • There must be notification to the school if there is any change in the medication instructions. • Please provide any other information that will help insure the proper and safe usage of the medication. • It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the administration period			/minor aches:	
and supervision of a doctor.	Advil/Ibuprofen 200mg – every 6 hours by mout	th for headache/minor ach	es: 🗖 0 pills 📮 1 pill 📮 2 pills	
age except under the advice and supervision of a doctor.			be accepted for children under 12 years	ears of age except under the advic
Sunscreen: Yes No Other Medication: Name of Medication Example: Tylenol Amount of Medication Example: Tylenol Amount of Medication Example: Tylenol Time of Administration every 6 hours as needed for pain How to Administer tablet by mouth 1. 2. Over-the-Counter Medication/Permission to Dispense With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by the Lake Local Schools employees, officers, or agents, we the undersigned, hereby waive all claims which might arise from said administration of medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless Lake Local School district, Lake Local Board of Education, its members, officers, employees, and agents from any and all liability relative to the administration of such medication. My child's physician or other prescribing healthcare provider is aware that this medication is necessary for my child to take during the school day. My child has taken this medication before without side effects. I further understand that it is my responsibility to pick up any leftover medication at the end of the administration dates. I realize that this form will not be used next year or after the above dates. • There must be notification to the school if there is any change in the medication instructions. • Please provide any other information that will help insure the proper and safe usage of the medication. • Prescription medications must be brought in prescription bottle with signed instructions from the physician. • It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the administration period			ium Carbonate) WILL NOT be accepte	ed for children under 12 years of
Over-the-Counter Medication/Example: Tylenol 325 mg Time of Administration every 6 hours as needed for pain How to Administer tablet by mouth 1	Cough Drop: □ 0 □ 1 □ 2			
Name of Medication Example: Tylenol Amount of Medication Beautiful State of Medication Beautiful State of Medication Example: Tylenol Amount of Medication Beautiful State B	Sunscreen: ☐ Yes ☐ No			
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/			/	/
Parent/Guardian Signature Date Phone Numbers (Home/Work/Cell)	Parent/Guardian Signature	Date	Phone Numbers (Hon	ne/Work/Cell)

By whom (initials):

Form AO.14 06/2021