



SOUTHEAST OHIO

CLASSICAL ACADEMY

ADMINISTERING NON-PRESCRIPTION MEDICATION FORM

To the Parents or Guardian:

Southeast Ohio Classical Academy does not wish to dispense medication at school unless it is absolutely necessary. If it is necessary to give the non-prescription medication during the school days for the child's well being, we will be happy to assist.

I hereby request and give permission to the school nurse or school personnel designated by Board policy as authorized to administer medication, to administer to:

Name of Student: _____ Grade: _____

Name of medication: _____

Dosage: _____

Specific time(s) to be administered: _____

Start Date: _____ End Date: _____

Possible side effects of the medication are:

I understand that I (parent or guardian) am responsible for the safe delivery of all medications to the clinic by myself or the emergency contact person listed for the student.

I agree:

- ☐ To send medication to the clinic in the original container.
- ☐ To instruct my child to take the medication in the clinic or form a school sponsored event by the school nurse or school personnel designated by Board policy as authorized to administer medication at the prescribed time to take the medication.
- ☐ To instruct my child that they are not allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered a violation of the School Code Of Conduct.
- ☐ To submit a new Administering Non-Prescription Medication Form if the medication, dosage, or

instructions are changed.

- ☐ To call the school office and send a written note if my child is taken off this medication. I will retrieve medication within 5 days. I understand the medication will be properly disposed of after 5 days.
- ☐ No contact is necessary if the non-prescription drugs are administered. (secondary ONLY)
- ☐ Contact by phone or note will be given, if the non-prescription drugs are administered.

I hereby release the Southeast Ohio Classical Academy, its officials and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

A new **ADMINISTERING NON-PRESCRIPTION MEDICATION FORM** is required every school year.

Signature of Parent or Guardian

Date