



NON-PRESCRIPTION MEDICATION REQUEST FORM

Tri-Village Local School District 315 S. Main St. New Madison, OH 45346

Name of Child: _____ Date of Birth: _____ Grade: _____

has my permission to take the medication(s) that I have marked with my initials if the need arises during the school day. Medications will be given according to package directions and indications. These medications are provided by the school and administered only by appropriately trained school personnel.

In giving permission, I acknowledge that my child has **NO known allergies** or other contraindications to taking these medication(s).

_____ (Parent Initials) **Acetaminophen 325 mg.** (Well-known brand name: Tylenol)

_____ (Parent Initials) **Ibuprofen 200 mg.** (Well-known brand name: Advil, Motrin)

_____ (Parent Initials) **Diphenhydramine 12.5 mg.** (Well-known brand name: Benadryl)

*****A Parent/Guardian signature is required at the bottom of this page for permission to administer.*****

PLEASE NOTE:

IF THE MEDICATIONS LISTED ABOVE ARE NOT AGE APPROPRIATE FOR YOUR CHILD, OR IF YOU WOULD LIKE YOUR CHILD TO RECEIVE A MEDICATION OTHER THAN THOSE LISTED, THE PARENT/GUARDIAN MUST BRING IN A SMALL AND UNOPENED CONTAINER OF THE NON-PRESCRIPTION MEDICATION TO THE SCHOOL. MEDICATIONS CANNOT BE TRANSPORTED ON THE BUS OR DELIVERED BY A CHILD. PARENT SHOULD NOTE THE EXPIRATION DATE AND PROMPTLY REPLACE EXPIRED MEDICATIONS. ONLY UNEXPIRED MEDICATIONS ACCOMPANIED BY THIS FORM, COMPLETED ENTIRELY, WILL BE ADMINISTERED.

Parent/Guardian: Please complete the following information.

Name of Child: _____ Date of Birth: _____ Grade: _____

Name of Drug: _____ Dosage: _____ Route: _____

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Drug(s) should be given at the following times: _____

Possible Side Effects: _____

- ☐ ***I hereby request and give my permission for Tri-Village staff to administer the non-prescription medications listed above to my child.***
- ☐ ***I will notify the school immediately if there is a change in the use of the medication.***
- ☐ ***I release and agree to hold the board of education, it's officials, and it's employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.***

Signature of Parent/Guardian: _____ Date: _____

Parent name (printed): _____ Phone#: _____

Once completed, return this form to the school nurse or fax to 937-996-0307.