



Medication Administration Record – Over-the-Counter

School Policy requires consent of the parent/legal guardian with the standing statement (order) from the licensed prescriber before school personnel can give ANY medication to a student. ALL of the following information is necessary to comply with Ohio medication administration laws. *Form is valid until the end of the current school year only.*

Student Information

Student Name:	Date of Birth:	Grade:
Student Address:	Phone:	Teacher:
Food/Drug Allergies:	Pertinent Hx:	

These are the current stock medications available in the Nurse's Office*:

***We advise that you consult your child's physician on the administration of the following medications.**

Acetaminophen (i.e. Tylenol, in generic liquid, chewable or tablet form) – as needed; every 4-6 hours for minor discomforts associated with headache, fever, or muscle pain

18-23 lbs/12-23 months – 80 mg
 24-35 lbs/ 2-3 yrs – 160 mg
 48-59 lbs/ 6-8 yrs – 320 mg
 72-95 lbs/ 11 yrs – 480 mg
 36-47 lbs/ 4-5 yrs – 240 mg
 Do not give acetaminophen

Ibuprofen (i.e. Motrin, Advil, in generic liquid or tablet form) – as needed; every 6-8 hours for minor discomforts associated with headache, fever, or muscle pain – given w/food

18-23 lbs/12-23 months – 75 mg
 24-35 lbs/ 2-3 yrs – 100 mg
 48-59 lbs/ 6-8 yrs – 200 mg
 72-95 lbs/ 11 yrs – 300 mg
 36-47 lbs/ 4-5 yrs – 150 mg
 Do not give Ibuprofen

Per school policy, any student with a temperature above 100.4°F will be sent home.

First Aid items as needed

Bacitracin ointment for minor wounds
 Sunscreen for UV protection (*as provided by the parent*)
 Caladryl Clear for itching from insect bites
 Diaper Cream for diaper rash (*as provided by the parent*).
 Calamine lotion for poison ivy
 Do not give (Circle all that apply: Bacitracin – Caladryl – Calamine).

Parent Permission

I, _____, the parent or guardian of _____, give permission for the medication ordered above to be given at school. I will immediately notify the school nurse in writing should my child develop any condition, or begin taking medication that would affect their ability to take any of the above medications safely, or need to terminate the use of this medication for any reason. I further agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines. I give my permission for the Head of School or their designee to administer the prescribed medicine. I have read the Guidelines for Administration of Medication at School (found in the Rockwern Family Handbook) and will abide by them.

Parent/Guardian Signature (**REQUIRED**) _____ Date _____