



AUTHORIZATION FOR DISPENSING OF OVER-THE-COUNTER MEDICATION

A new Medication Dispensing Form is required every school year. If there is any change in the medication, dose, or instructions, a NEW parent permission form must be completed.

Dispensing of Over-the-Counter Medication for ALL Grades

One School will not dispense medication at school unless it is absolutely necessary. If it is necessary to give medication during the school day for the child's well being; we are willing to assist based on your request below.

I hereby request and give permission to the nurse or her delegate to administer to:

Student Name: _____

Grade: _____ Teacher: _____

Name of Medication: _____ Dosage: _____

Specific Time(s): _____

Period of Time Medication will be Needed: _____

Possible Side Effects of this Medication: _____

I agree: (1) to deliver to the One School Nurse's Office for storage the above medication in the ORIGINAL CONTAINER, LABELED WITH MY CHILD'S NAME; (2) to instruct my child to take the medication in the Nurse's Office; and (3) to submit a new parent permission form if the medication, the dosage or the procedure is changed or eliminated. I understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of the school who is not medically trained. I hereby release Gahanna Christian Academy, its Board, and its employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested.

Would you like to be notified that your child has received medication: Yes or No

Parent or Guardian Signature: _____ Date: _____



PERMISSION FOR ASSISTANCE IN THE DISPENSING OF MEDICATION

I hereby request and give permission to the principal or their delegate to administer to:

Student's Name: _____ Grade: _____ Teacher: _____

I agree: (1) to ask the physician if it is necessary to give the medication during the school day; (2) to deliver the medication to the school; and (3) submit new parent and physician forms if I change physicians or if the medication, the dosage or the procedure is changed or eliminated.

I understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may be rendered by an employee of the school who is not medically trained. I hereby release One School, its official employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performances of the assistance requested.

Signature of Parent or Guardian

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

_____ is under my care and

should receive _____ at the following times: _____

Specific instructions for administration: _____

Expiration date of this request: _____

Physician's Signature

Date

Physician's Telephone Number

