

**GRANVILLE CHRISTIAN ACADEMY**  
 Parent's Request for Assistance in the Dispensing of  
 Over-the-Counter (OTC) Student Medication by School Personnel

Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Non-Prescription (Over-the-Counter-OTC) Medication

Parents may sign for over-the-counter medications (i.e. Tylenol, Sudafed, etc.) THESE MEDICATIONS NEED TO BE PROVIDED BY THE PARENT/GUARDIAN AND IN THEIR ORIGINAL CONTAINERS. School policy prohibits students from carrying any medications (over the counter medications included) on their person. Written permission must be on file before any medications are given – WE WILL NOT ACCEPT VERBAL PERMISSION VIA THE PHONE. Over the counter medications from the following list will be given with parental permission for a maximum of 3 consecutive days.

Check all the apply	Name of over the counter medication	Dosage	How often to give
	Tylenol/Acetaminophen		
	Extra Strength Tylenol/Acetaminophen		
	Ibuprofen/Advil		
	Sudafed/Pseudoephedrine		

▶ \_\_\_ Yes \_\_\_ No These medications have been given previously at home with no reaction noted. ◀

Other over the counter medications/ointments, etc. that MAY be available to be used as recommended by the manufacturer if parent/guardian requests.

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|---|--|
| ___ Benadryl cream/gel<br>___ Dermoplast Anesthetic Spray (for rug burns)<br>___ Triple Antibiotic Ointment/Neosporin<br>___ Saline moisturizing gel (for sore noses-external)<br>___ Bandaid Antiseptic Wash (relieves pain and fights germs from cuts and scrapes-contains Lidocaine HCL, and Benzalkonium HCL antiseptic)<br>___ Sting Kill Swabs (external anesthetic for <u>fast relief</u> and itching due to insect stings-contains Bensocain and Menthol) | ___ Tums<br>___ Cough Drops/Throat Soothers<br>___ Anbesol/Oragel (minor mouth pain)<br>___ Blistex/Chapstick/Vaseline |
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- \_\_\_ Does your child have an allergy to antibiotics? \_\_\_\_\_
- \_\_\_ Does your child have an allergy to Lidocaine, Novacaine, or any meds in the "caine" family? \_\_\_\_\_
- \_\_\_ Does your child have an allergy to any other medications? \_\_\_\_\_
- \_\_\_ Do you wish to be notified before any of these medications are administered? \_\_\_\_\_

I/We hereby request and give my permission to school personnel to assist in administering medication to my child. I/We understand and acknowledge that school personnel are under no obligation to render the assistance requested and that such assistance may, in the absence of the school nurse, be rendered by an employee of the school who is not medically trained. The school nurse may determine, based on professional judgement, whether an over the counter medication should be administered at school. The school nurse may refuse to give any medication that exceeds PDR and manufacturer's recommendations of dosing. I/We release Granville Christian Academy, its School Board, its officials and employees, including the school nurse and the principal's designee, from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of the assistance requested.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Expiration Date of the Request: \_\_\_\_\_