

REQUEST FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION
Logan-Hocking School District

STUDENT NAME: _____

ADDRESS: _____

SCHOOL: _____

GRADE: _____

PLEASE COMPLETE ALL AREAS OF THIS FORM. ALL INFORMATION IS REQUIRED BY OHIO LAW.

OVER-THE-COUNTER MEDICATION: _____

DOSAGE : _____ TIME TO BE GIVEN: _____

DATE ADMINISTRATION TO BEGIN: _____

DATE ADMINISTRATION TO END: _____

I GIVE MY PERMISSION FOR THE ABOVE OVER-THE-COUNTER MEDICATION TO BE ADMINISTERED TO MY CHILD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

PHONE NUMBER WHERE YOU CAN BE REACHED: _____

****EACH STUDENT MUST PROVIDE HIS/HER OWN
MEDICATION****

IMPORTANT INFORMATION ON BACKSIDE
PLEASE READ →→→→→→→→→→

PROCEDURES FOR ADMINISTRATION OF OVER-THE-COUNTER MEDICATION

THE FACULTY, ADMINISTRATION AND BOARD OF EDUCATION RECOGNIZE THAT THE UTILIZATION OF MEDICATION IS A SERIOUS HEALTH CONCERN AFFECTING OUR STUDENTS AND FACULTY. THE LOGAN-HOCKING SCHOOLS' PHILOSOPHY OF HEALTH FOCUSES ON THE WELLNESS OF THE STUDENT.

WHERE OVER-THE-COUNTER MEDICATION IS USED AND TIME TABLE FOR IT INVOLVES THE REGULAR SCHOOL DAY, THE FOLLOWING PROCEDURES WILL BE FOLLOWED:

1. WRITTEN COMMUNICATION FROM THE PARENT/GUARDIAN MUST BE COMPLETED.
2. **ALL MEDICATION MUST BE BROUGHT IN BY A PARENT/ LEGAL GUARDIAN OR EMERGENCY CONTACT PERSON.** STUDENTS FOUND IN POSSESSION OF MEDICATION (LOCKER, POCKET, BOOKBAG) WILL BE IN VIOLATION OF THE CODE OF CONDUCT POLICY.
3. ALL MEDICATION WILL BE BROUGHT IN THE ORIGINAL CONTAINER IN WHICH IT WAS PURCHASED.
4. ALL MEDICATION WILL BE GIVEN DIRECTLY TO A SCHOOL REPRESENTATIVE WHO WILL THEN GIVE TO HEALTH AIDE OR NURSE IN THE HEALTH CLINIC.
5. AT THE END OF THE SCHOOL YEAR ALL MEDICATION WILL NEED TO BE PICKED UP BY PARENT/ GUARDIAN OR EMERGENCY CONTACT PERSON. NO MEDICATION WILL BE SENT HOME ON BUS WITH STUDENT. MEDICATION CAN BE PICKED UP 10 WORKING DAYS (M-F) AFTER THE LAST DAY OF SCHOOL. IF MEDICATION IS NOT PICKED UP, IT WILL BE PROPERLY DISPOSED OF.