

Cincinnati Public Schools

Authorization for Administration of Over-the-Counter Medications at School

This form expires at the end of the current school year.

 Student's Name _____ Date of Birth _____ School Year _____

 Street Address _____ Apt. No. _____ City _____ State _____ Zip _____

 School _____ Grade _____ Homeroom _____

As this student's parent/guardian, I give permission for my child to receive the following over-the-counter medications during school hours or during after-school activities. I agree to provide the medication my child needs in the original labeled container with the protective seal intact.

(Circle yes or no for each medication listed below. *Physician to complete dosage and time/frequency)
Over-the-Counter Medication (Parent to Complete) Circle Dosage Time/Frequency (Physician to complete)

Over-the-Counter Medication (Parent to Complete)	Yes	No	Dosage	Time/Frequency (Physician to complete)
Acetaminophen (Tylenol) for headache, toothache or minor pain				
Ibuprofen for headache, toothache, minor pain or menstrual cramps				
Anti-itch cream or lotion				
Cough drops				
Tums (antacid)				

Is student allergic to any medications? No Yes, allergic to _____
Severe reactions that should be reported to the physician: _____

Student's Provider (Physician / Nurse Practitioner / Dentist) *Complete dosage and frequency above.

Provider's Signature: _____ Date: _____
Provider's Name: _____ Emergency Phone _____

I give permission to the Cincinnati Health Department school nurse or Cincinnati Public Schools' designee to give my child the above-mentioned medications for comfort measures. I further agree to indemnify or hold harmless the Cincinnati Health Department or Cincinnati Public Schools and its agents from all claims as a result of any and all acts performed under this authority. I will inform the school if there is a change in any of this information.

Signature of Parent or Guardian _____ **Date** _____

Please Print Name of Parent or Guardian _____
How can we reach you during school hours?

Work Phone _____ Cell Phone _____ Home Phone _____ Other _____