

Groveport Madison Local School District
Over-the-Counter Medication Form

Guidelines for over-the-counter medication administration:

The medication must be in the original container, or box with the name of the medication on it, the strength of the medication, and the dosing instructions for the medication. The medication must be age appropriate. The medication cannot be expired. The medication must be dropped off by a parent/guardian. Medication can/will only be administered according to the labeled dose and use. If your child requires a higher dose and or is using the medications other than what is labeled then a prescribed medication authorization form must be completed.

Student Name _____ DOB _____ Age _____

Teacher _____ Grade _____ Room _____

Medication _____

Reason child is taking medication _____

Date and time to **Start** medication _____

Medication is **As-Needed** or **Scheduled** (please circle one)

Please list the time(s) when medication is to be given (please note that the school cannot administer outside of the instructions listed on the bottle)

Please list the amount to be given (please note that the school cannot administer more than the recommended amount for the child's age and weight listed on the medication)

Please list any possible side effects the school should make note of and inform parent and/or legal guardian

Date and time to **Stop** medication _____

Parent or Legal Guardian Name Printed _____

Phone number you may be contacted at _____

Signature _____ Date _____