



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

Guidelines for over-the-counter (OTC) medication administration:

- Medication must be in original container including name of medication, strength of medication, and dosing instructions
- The medication must be age appropriate: 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 medication other than what it is labeled for, then a prescribed medication authorization form must be completed
- The medication cannot be expired
- The medication must be dropped off by a parent/guardian

Student Name _____ DOB _____ Age _____

Teacher _____ Grade _____ Room _____

Date and time to **Start** medication _____ Date and time to **Stop** medication _____

Reason child is taking medication _____

Medication	Amount to be Given	Time (check one)	Route
		<input type="checkbox"/> as needed <input type="checkbox"/> scheduled	

Scheduled Medication: 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 any possible side effects the school should make note of and inform parent and/or legal guardian

Parent or Legal Guardian Name Printed: _____

Phone number: _____

Signature _____ Date _____

CLINIC USE ONLY						
Medication	Quantity	Date Signed In	Exp. Date	Date Signed Out	Staff Signature	Witness Signature