

DAYS OF WONDER SCHOOL

150 W. Main Street Batavia, Ohio 45103

OVER-THE-COUNTER

MEDICATION PERMISSION FORM

2018-2019

During the school year, a student may suffer from minor pain or discomfort such as a headache, toothache, or minor skin irritation. With your written authorization, the school may give your child any of the following over the counter medications for these minor complaints.

Parents will be called, prior to administration of any of the following medications, **unless otherwise indicated** at the end of this form.

All medications will only be given according to age and/or weight. Scale will be used, when necessary, for correct dosage.

Please initial either **YES** (for permission) or **NO** (no permission given) for each of the following OTC medications, which an employee of Days of Wonder School may administer.

OTC Medication	Example	YES, permission given	No permission given	My child has taken this medication before
Ibuprofen/Motrin	Advil			
Acetaminophen	Tylenol			
Antacids	Tums			
Cough Drops/Syrup	Robitussin			
Oral Pain Reliever	Orajel			
Decongestant	Sudafed			
Allergy	Benadryl			
Eye Wash	Saline Solution			
Anti-Diarrhea	Immodium A.D.			
Other				

Any school employee administering a student an OTC or prescribed medication authorized by the parent/s or legal guardian shall not be held liable for any adverse effects from the medication.

Parent/s or legal guardian may supply other OTC medications as necessary for their child.

All medications **must be** picked up by a parent/s or legal guardian at the end of the school year.

Please advise below of your wishes by initializing the appropriate line:

_____ Do **NOT** give medication until contact has been made

_____ Please use your discretion and administer appropriate medication. We trust the school's judgement and grant permission _____ to administer the appropriate care they deem necessary.

By signing below, you give Days of Wonder permission to administer the above initialed medication/s.

Parent/Legal Guardian (print) _____ Date: _____

Parent/Legal Guardian (Signature) _____

