

GREENEVIEW LOCAL SCHOOLS
4 S. Charleston Road
Jamestown Ohio 45335



Authorization of Non-Prescribed (Over-the-Counter) Medication

Each building in the Greeneview Local School District will keep a supply of acetaminophen, ibuprofen, antacids, and cough drops. These will be adult strength tablets, children’s CHEWABLE tablets, or liquid equivalent in generic brands.

Name of Student: _____

Address of Student: _____

Name of School: _____

Student’s Grade: _____ Teacher: _____ DOB: _____

My child may take the following medication at school (mark all that are applicable). The directions on the bottle will determine dosage of each medication. This authorization will be in effect for the current school year unless revoked in writing by the parent/ guardian. **The parent/guardian will be called prior to ALL distributions of medication.**

_____ Acetaminophen: (Tylenol)

_____ Antacids: (Tums/ Pepto- Bismol)

_____ Ibuprofen: (Advil/ Motrin)

_____ Cough Drop / Vitamin C Drop

In Accordance with Board Policy 5330, Students are not permitted to carry, self-administer, or distribute/sell any type of Over-the-Counter medication. If you wish to have any other Nonprescribed medication given at school, please list it below and provide the Nurse’s Office with a supply of the medication.

We (I) understand that the administration of this medication is to be done under the supervision of the school nurse or designated non-medical personnel, assigned by the administrators. Further, we (I) understand that the school personnel are not legally obligated to administer any medication to a child. Therefore we (I) agree to release and hold the Board of Education, its officials, and its employees harmless from all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization. Further, we (I) will notify the school immediately if we (I) change medication or terminate the use of this medication for any reason.

Parent / Guardian Signature: _____ Date: _____

Primary phone: _____ Secondary Phone: _____

Disclaimer: The school district maintains the right to restrict the use of this form for certain Over-the-Counter medications.