

GAHANNA JEFFERSON PUBLIC SCHOOLS

160 South Hamilton Road • Gahanna, Ohio 43230 • (614) 471-7065

Re: OVER-THE-COUNTER MEDICATION FORM (FOR MIDDLE & HIGH SCHOOL ONLY)

Dear Parents,

According to the School Policy of Gahanna Jefferson Public Schools, **MEDICATIONS INCLUDE PRESCRIPTION AND NON PRESCRIPTION (OVER-THE-COUNTER) MEDICATIONS**. No state law regulates the administration of non-prescription medications at public schools.

In all Gahanna Schools, licensed prescriber and parent authorization forms are required for your student to take **PRESCRIPTION MEDICATION AT SCHOOL**. In the middle and high schools, only the parent authorization form is required for your student to take **NON-PRESCRIPTION (OVER-THE-COUNTER) AT SCHOOL**.

In order for your student to take over-the-counter medication at school, the following procedure must be followed:

1. Complete the attached **PARENT'S PERMISSION FOR STUDENTS TAKING OVER THE COUNTER MEDICATION** and **RETURN IT TO THE CLINIC**.
2. **MEDICATION NEEDS TO BE DELIVERED TO THE SCHOOL NURSE BY A RESPONSIBLE ADULT**. The medication must be in the original container (no plastic bags please).
3. Medication must be stored in the locked cabinet in the clinic. Students are not permitted to keep any medication with them or in their locker (except for asthma inhalers or auto-injector epinephrine, provided appropriate forms have been completed and student requirements met).
4. Students must take their medication in the clinic. It is the responsibility of the student to come to the clinic at the prescribed time to take the medication.

If there is any change in the medication, dose, or instructions, a **NEW** parent permission form must be completed. A new medication form is required **EVERY** school year.

As your school nurse, I am very concerned about the health and safety of all students in our school. This medication policy and procedure ensures the safe administration of medication to your student and promotes a safe school building.

If you have any questions or concerns, please contact me at the school clinic.

With kind regards,

School Nurse

PLEASE KEEP THIS PAGE!

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Re: **OVER-THE-COUNTER MEDICATIONS** **(FOR MIDDLE & HIGH SCHOOL ONLY)**

To the Parents or Guardian:

The Gahanna Jefferson Public Schools do not wish to dispense medication at school unless it is absolutely necessary. If it is necessary to give the medication during the school days for the child's well-being, we will be happy to assist.

I hereby request and give permission to the principal or his/her delegate to administer to:

Name of student _____ Grade _____

Name of medication _____

Dosage _____ Specific time(s) _____
(Dose and times may not exceed package instructions)

For the next _____
(Period of time that the medication is needed. Maximum end date= end of current school year)

Possible side effects of this medication

I understand that I (parent or guardian) am responsible for the safe delivery of all medications to the clinic by myself or other responsible adult.

I agree:

1. To store medication in the clinic in the original container.
2. To instruct my child to take the medication in the clinic.
3. To submit a new PARENT PERMISSION form if the medication, dosage, or instructions are changed.

I hereby release the Gahanna Jefferson Public School District Board of Education, its officials and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of the over-the-counter medication.

A NEW medication form is required EVERY school year.

Signature of Parent or Guardian _____ Date _____

Clinic use only:

_____ Med Form complete
_____ Medication rec'd
_____ eSchool Rx/Tx
_____ School Nurse review