

Northmont City Schools  
4001 Old Salem Road  
Englewood, Ohio 45322

**Administration of Over-the-counter Medication at School**

Each building in the Northmont School District will keep a supply of acetaminophen, ibuprofen, and an antacid. These will be TABLETS in generic brand.

Name of School \_\_\_\_\_

Name of student \_\_\_\_\_

Address of student \_\_\_\_\_

Student's Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Student's birth date \_\_\_\_\_

My child may take the following medications at school. I understand that non-medical school personnel may supervise the administration of this medication. This authorization will be in effect for the current school year unless revoked in writing by the parent/guardian.

- Acetaminophen regular strength (325 mg)  
\_\_\_\_\_ 1 tablet      \_\_\_\_\_ 2 tablets every \_\_\_\_\_ hours
- Ibuprofen (200 mg)  
\_\_\_\_\_ 1 tablet      \_\_\_\_\_ 2 tablets every \_\_\_\_\_ hours
- Maalox  
\_\_\_\_\_ 1 tablet      \_\_\_\_\_ 2 tablets every \_\_\_\_\_ hours

As the parent/guardian, I will supply the following over-the-counter medication for my child to take when needed.

Name of medication \_\_\_\_\_

How many \_\_\_\_\_      How often \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_

Date \_\_\_\_\_

Home phone \_\_\_\_\_      Daytime phone number \_\_\_\_\_