WESTSIDE CHRISTIAN ACADEMY

ADMINISTERING MEDICINE TO STUDENTS
Over-the-Counter Medication
(Non prescription)

In compliance with Ohio law mandating strict policy and procedures regarding the administration of medication in school settings, Westside Christian Academy requires adherence to the following.

If possible, all medication should be given by the parent at home. If this is not possible, parents may come to school to administer medication to their children. **School personnel will be permitted to administer medications only when no alternative is available**.

Before a student may be given Over-the-Counter medication at school the following must be received:

- The **Medication Authorization form for Non-Prescription Medication** must be on file in the school office. This form complies with Ohio revised Code 3313.713.
  - Form must be completed and signed by parent/guardian
  - Parent/guardian will provide a separate form for each medicine.
  - Parent/guardian will provide a revised form if there is any change in medication, dosage or time of administration.
  - New request forms will be submitted each school year and my be obtained in the school office
  - **Parent/guardian or other responsible adult must deliver replacement medication to the school office**. **Medication will not be accepted from students.**
  - **Over-the counter medications** must be in an original medication bottle, clearly marked with the student's name.

No medication will be administered to a student until all the above requirements are in place.

At the end of the school year or when the medication is discontinued, the parent/guardian may pick up remaining medication within 5 working days. Medication that is not picked up within the allotted time will be discarded.

WESTSIDE CHRISTIAN ACADEMY
23096 Center Ridge Road, Westlake, OH 44145
Phone: 440-331-1300; Fax: 440-331-1301

MEDICATION AUTHORIZATION
For Over-the-Counter Medication

NO OVER-THE-COUNTER MEDICATION WILL BE GIVEN UNLESS THIS FORM IS FILLED IN COMPLETELY AND SIGNED BY PARENT/GUARDIAN.

STUDENT NAME_____ DATE_____

ADDRESS_____ PHONE:_____

GRADE_____ TEACHER_____

To be completed by Parent/Guardian:

NAME OF MEDICATION_____

REASON FOR MEDICATION_____

DOSAGE_____ TIME TO BE GIVEN_____

SIDE EFFECTS OF MEDICATION SCHOOL SHOULD BE AWARE OF_____

_____

SPECIAL INSTRUCTIONS FOR ADMINISTERING MEDICATION AND/OR STORAGE

REQUIREMENTS_____

To be completed by Parent/Guardian:

I give permission for authorized school personnel to follow the medical instructions requested above for my child _____to receive medication at school according to school policy.

Please regard my signature below as my assurance that I release Westside Christian Academy, PSI, and any or all of the school's and PSI's officers or employees from any liability or damages resulting from the consequences of or adverse reactions of our child's taking or failing to take this medication at the time to be given. I also agree to keep the school informed in writing of any changes. I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

_____ _____

(Signature of Parent or Guardian) **(Date)**