



PORTSMOUTH STEM ACADEMY
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PARENT'S NON-PRESCRIPTION MEDICATION ADMINISTRATION REQUEST FORM

Child's Name: _____ Birth Date: _____ Grade: _____

School Year: 20____/20____

Child's Address _____

Medication: Tylenol/Acetaminophen _____ Motrin/Advil/Ibuprofen _____ Benadryl _____ Tums/Antacids _____

Other: _____

Dosage Required: Age: _____ Weight: _____ Other: _____

Any Special instructions for administration _____

Possible adverse reactions, which should be reported to the parent: _____

Emergency Contact: _____ Relationship: _____

Phone #: _____

As a parent or legal guardian of the above-named child, my signature below authorizes school personnel to administer the medication as instructed by the parent. I understand that a trained staff member will be administering the medication in which is not a healthcare professional.

Information:

1. **I must provide and deliver medication(s) to the school office staff in its original container. Student may not transport. Please write the student(s) name on the original container. All medications not administered on the assigned school year will be returned to me, parent/legal guardian on the last scheduled day of the school year.**
2. I will notify school staff immediately if there is any change in the use of this medication or the treatment.
3. I release and agree to hold Portsmouth STEM Academy's Board, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that this form is in effect for the duration of the current school year unless stated below.
5. The school will not treat/medicate for a fever or diarrhea.
6. Medication(s) given more than 3 days in a row, 4 days in a month or 10 doses per school year will need a Physician medication order.
7. Medication(s) that can be given at home, such as once or twice daily medications, should be given before and/or after school.
8. If this medication(s) is given at home, the guardian will call the school office to let them know what time it was administered.

I have read and agree to the above statements:

Parents Signature: _____ Date: _____