



DISPERSION OF STOCK OVER-THE-COUNTER MEDICATION FORM

INSTRUCTIONS: Each of the three sections must be completed by parent/guardian for student to receive an over-the-counter (OTC) medication below. Staff will attempt to notify parents when student receives an OTC medication.

I. STUDENT INFORMATION (To be completed by Parent/Guardian).			
Student's Name (Last, First, Middle)		Birth Date	Medication Allergy
Parent/Guardian		Address	
Home Phone	Work Phone	Other Phone	

II. ACTION PLAN (To be completed by Parent/Guardian). Please complete all spaces, and check yes or no to indicate which of the approved list of OTC medications may be administered when indicated by student's symptoms. This request is to be effective for the school year 20__ - 20__ OR for an earlier stop date: _____

Over-the-Counter Medication	Dosage and Time	Condition / Symptoms	Possible Side Effects	Comments
Acetaminophen (Tylenol ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pain; fever (100.5°) will not be treated at school unless student needs while awaiting transportation home.	None significant if administered per manufacturer's label	Alert: Students with temperature over 100.4° must be sent home
Calcium Carbonate (Tums ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For stomach ache or heart burn	Constipation	Not to be used in children less than 6 years old
Diphenhydramine (Benadryl ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For allergy symptoms	Drowsiness or excitability	Alert: Students will not be allowed to drive within 4 hrs. of taking Benadryl ®.
Ibuprofen (Advil ®, Motrin ®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pain; fever (100.5°) will not be treated at school unless student needs while awaiting transportation home.	Stomach upset	Alert: Contains no aspirin (salicylates), but should not be given if student has allergy to aspirin; may cause stomach bleeding.
Sting Relief Pad™ (Contains 2% Lidocaine; For External Use Only) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For temporary relief of pain and itching caused by insect bites and stings	None significant if administered per manufacturer's label	Do not use on broken skin, near eyes or mucous membranes.

III. PARENTAL PERMISSION (To be completed by Parent/Guardian). Form is void if this section is incomplete.

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the Yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of East Hill Christian School, its personnel, or agents, for civil damages as a result of the administration of this medication to my child when the person administering the medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances; (2) these medications are stocked and maintained by the Front Office, as available; (3) I will be notified of the medication and time that the OTC medication was administered to my child; (4) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school. I hereby authorize the exchange of medication information regarding my child's treatment plan between the physician and the EHCS Front Office.

Parent/Guardian Signature: _____ Date: _____
Students are not allowed to bring or carry any over-the-counter medications to school or school sponsored activities.



Prescription / Non-Prescription Medication

1. A **Dispersion of Medication** form (9400-HES-005A) must be completed and signed by a parent/guardian for each prescription/non-prescription medication provided. Parent/guardian signature must be witnessed by school staff or notarized. Photo identification is required.
2. A separate authorization form must be filled out for EACH medication administered.
3. Changes in medication require a NEW Dispersion of Medication form signed by the parent/guardian.
4. Medication must be provided in the original container.
5. No more than a 30-day supply of medication may be accepted.
6. A responsible adult must deliver and pick-up the medications in the EHCS Front Office.
7. Notify EHCS Front Office directly of any medication changes, including discontinued medications.
8. If your child is authorized to receive an early morning medication at school, do not give this dose at home.
9. Discontinued medication must be picked up by parent/guardian within one week of the stop date. Unclaimed medication will be destroyed one week after the stop date.
10. During the last month of the current school year, bring only enough medication to be used by the last day of school. Unclaimed medication will be destroyed at the close of the last day of school.

Stock Over-the-Counter Medication

1. The ONLY stock over-the-counter medications that will be administered at school are:
 - a. Acetaminophen (Tylenol ®)
 - b. Calcium Carbonate (Tums ®)
 - c. Diphenhydramine (Benadryl ®)
 - d. Ibuprofen (Advil ®, Motrin ®)
 - e. Sting Relief Pad (2% Lidocaine; external use only)
2. The OTC medications can be administered with parental consent and according to the dosage and time on the manufacturer's label.
3. Dispersion of Stock Over-The-Counter Medication Form (9400-HES-005B) is available at the EHCS Front Office (and online at www.ehcs.org) for the parent to indicate which of these medications can, or cannot, be administered to the student each school year.
4. Over-the-counter medications as listed above are provided, as available, and maintained by the school in the Front Office in the original containers with the manufacturer's label.
5. Notify the EHCS Front Office directly of any medication changes, including withdrawal of parental consent.