

Springboro Community City Schools
 1685 South Main Street
 Springboro, OH 45066
 (937) 748-3960

REQUEST TO ADMINISTER Over-The-Counter(OTC) MEDICINES

Please Complete and Return to Building Nurse.

THIS FORM IS VALID FOR 8th GRADE DC TRIP ONLY.

Name		DOB	
Address		Telephone#	
School		Bus # for DC Trip	

To be Completed By the Parent/Guardian:

The over-the counter medications list below are authorized to be given to my child while attending the 8th Grade Washington DC Trip.

Ibuprofen(Motrin)	Acetaminophen (Tylenol)	Dramamine	Benadryl (Diphenhydramine HCL)	Tums
200mg	325mg		25mg	
1-2 tablets	1-2 tablets	1 tablet	1-2 tablets	1-2 tablet
As Needed Every 4-6 hours	As Needed Every 4-6 hours	As needed Every 4 hours	As Needed Every 4-6 hours	As needed

I, hereby, authorize designated school personnel of the Springboro Community City Schools to administer the above medication and agree to:

2. Release authorized school personnel from all liability, cause of action, or any other responsibility for administering said medicines as noted above.
3. The Board Substance Abuse Policy and the Student Code of Conduct Policy would apply to any student dispensing, selling, and/or having possession of medication at school or school related event.

Parent Signature	Telephone Number
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To be Completed by School Personnel:

I, hereby, acknowledge reading this request to administer medication; and understand its content, as well as the content of the Board of Education policy.

Clinic Nurse Signature	Date
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