

# The Greenbrier Christian Academy

## OVER THE COUNTER (OTC) MEDICATION (K-12 grade)

School Year: \_\_\_\_\_

Name of student \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Allergies: \_\_\_\_\_ DOB: \_\_\_\_\_

As the parent/guardian of the student named above, I give permission to Greenbrier Christian Academy to administer the medication I have indicated below to my child. The clinic carries the listed medications.

\*\* **Children's Liquid** Tylenol/Acetaminophen 160mg per 5ml every 6 hours for headache/aches/general pain:

5ml  7.5ml  10ml  12.5ml  15ml **based on weight**

\*\* **Children's Liquid** Advil/Ibuprofen 100mg per 5ml every 6 hours by mouth for headache/aches/general pain/inflammation:  5ml  7.5ml  10ml  12.5ml  15ml **based on weight**

\* Tylenol/Acetaminophen 325mg tablet every 4-6 hours by mouth for headache/minor aches/general pain:  1 pill  2 pills

\* Extra-Strength Tylenol/Acetaminophen 500mg tablet every 6 hours by mouth for headache/minor aches/general pain:  1 pill  2 pills

\* Advil/Ibuprofen 200 mg every 6 hours by mouth for headache/aches/general pain/inflammation:  1 pill  2 pills

### Other Medication:

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Route \_\_\_\_\_ Time medication to be administered \_\_\_\_\_

Reason for medication \_\_\_\_\_

\*\* OTC medications will be given using the a dose chart or manufacturer's recommended dosage. It is understood that medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. The undersigned parent or guardian hereby agrees to release GCA and its staff from any legal claim which they now have or may hereafter have arising out of the administration of or failure to administer the medication to the student, or possible side effects or other medical consequences of the medication. I hereby give my permission for my student to take the above medication at school.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_