

Requirements for administration of
Non-Prescription Medication

Reference: ARS 15-344

Student Name: _____ / _____ - _____ - _____ / _____			
Last	First	Student's Date of Birth	Grade for 2009-2010

Dear Parent/Guardian:

You **MUST** read the Medication Distribution section in the Handbook each year. No medication will be distributed by any CCS personnel unless the legal and required procedures are followed by the parent/guardian.

My child may receive the Non-Prescription/Over-the Counter medication(s) indicated below that I have provided in the original container:			
Authorization Check Yes or No	Medication Circle those that apply	Dosage Please note	Frequency Please note
Yes () No ()	Tylenol, Motrin, Ibuprofen	One (1) Adult Regular Strength	
Yes () No ()	Children's Chewable Tablets Tylenol, Motrin, Ibuprofen	Children's Strength	
Yes () No ()	Benadryl		
Yes () No ()	Tums		
Yes () No ()	Mylanta		
Yes () No ()	Pepto Bismol		
Yes () No ()	Cough Drops, Throat Lozenges		
Yes () No ()	Cold Syrup		
Yes () No ()	Other		

Please, continue on reverse side. . .

If your child incurs a cut or scratch while on campus:

Can the school administer Hydrogen Peroxide to cleanse the cut or scratch?	() Yes	() No
Can the school administer Neo-Sporin (or other Anti-Biotic Ointment) to the cut or scratch once it has been cleansed?	() Yes	() No

If your child has itching skin while on campus:

Can the school administer Calamine Lotion to irritated/itching area?	() Yes	() No
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Allergic Reactions:

Please list and explain any reactions to food, medicine, insects, etc.

Please write any other additional instructions below:

I authorize the school nurse/health aid or designee to be my agent for the entire time that my student is enrolled at Challenge Charter School and to give to my child the medication(s) that I have noted above. I understand that it is my responsibility to notify the School of any updates/changes to my child's medical information or if I would like to add or remove any medications that my child is authorized to receive at school.

_____/_____
Signature of Parent/Guardian **Date**