

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •  
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

STUDENT NAME: \_\_\_\_\_

The school must receive a medical form, completed and signed by parent and physician, for all students who require medication during school hours. This applies to **prescription and non-prescription drugs** including aspirin, Tylenol and inhalers that are to be administered on a full-time basis. The medication is to be in the original prescription container with the student's name, name of medication, dosage, time to be given and method of administration. All medications, including natural or herbal treatments and vitamins, are managed by adults and must remain in adult hands. Unused medication will be returned to the parent or guardian. *No students may have medication, including over-the-counter medication, in their rooms or in their private possession.*

The following over-the-counter medications and first aid applications are available for staff to administer to students in appropriate situations. Please check those that we may administer to your child and sign.

**MARK  
WITH AN X**

**MEDICATION**

- \_\_\_\_\_ Tylenol (acetaminophen)
- \_\_\_\_\_ Advil/Motrin (Ibuprofen)
- \_\_\_\_\_ Cough suppressant
- \_\_\_\_\_ Throat lozenges
- \_\_\_\_\_ Stomach relief (Tums)
- \_\_\_\_\_ Caladryl/calamine lotion
- \_\_\_\_\_ Neosporin (other antibiotic ointment)
- \_\_\_\_\_ Anti-itch cream (0.5% Hydrocortisone)
- \_\_\_\_\_ Benadryl (other allergy relief medication)
- \_\_\_\_\_ Cold medication (e.g. Nyquil)
- \_\_\_\_\_ Nasal decongestant (e.g. Sudafed)
- \_\_\_\_\_ Homeopathic treatments
- \_\_\_\_\_ Vitamin supplements
- \_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Please do not administer over-the-counter medications to my child.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_