

ANTHONY WAYNE LOCAL SCHOOLS
NON-PRESCRIBED (OVER-THE-COUNTER) MEDICATIONS
MEDICATION ADMINISTRATION RECORD (MAR)for FTMS, AWJH, and AWHs

Student Information		School year
Student Name		Date of birth
Student address		
School	Grade	Homeroom teacher
List any known drug allergies/reactions		

The following medications, in tablet form, are available and can be administered to your child with your permission.

Please place a next to the dosage appropriate for your child's age

Ibuprofen- generic for Advil/Motrin:

- 200mg (1 tablet under 12 y/o)
- 400mg (2 tablets 12yrs & older)

Acetaminophen - generic for Tylenol:

- 325mg (1 tablet under 12 y/o or 2 tabs >12 y/o)
- 500mg Extra Strength (1-2 tabs 12yrs & older)

Please complete the information below if there is an over the counter medication, other than ibuprofen or acetaminophen, you would like to have administered to your child at school. This medication will need to be supplied by you and be provided in it's original container.
Name of Medication:
Dosage:
Allergies:

Parent/Guardian Authorization

<input checked="" type="checkbox"/> I understand that according to Anthony Wayne Board of Education Policy 5330 (Use of Medication) this form must be completed by the parent prior to administration of medication by designated school personnel. <input checked="" type="checkbox"/> I authorize a designated employee of the Anthony Wayne Board of Education to administer the above medication. <input checked="" type="checkbox"/> I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization. . <input checked="" type="checkbox"/> I understand that the medication must be in the original container. <input checked="" type="checkbox"/> I understand that medications must be administered according to directions on the medication label. <input checked="" type="checkbox"/> I also understand that a responsible adult must deliver/pick-up the medication to/from school.	
Parent/Guardian Signature	Date
#1 Contact phone	#2 Contact phone

Please contact the school for any questions or concerns