

2023-2024

Over-the-Counter (OTC) Medication Policy

Please read carefully with your student and sign below!

1. Students needing nonprescription, over-the-counter, medication can receive those medications from the school nurse. There must be, on file at the Health Center, a completed Medication Order form, and a signed Parent/Guardian Consent for Medication Administration form for each medication. The medication must be provided by the parent/guardian, in the original medication packaging.
2. The school nurse will provide OTC medication administration between the hours of 8:30AM- 3:30PM. In the case that the nurse is absent from school or not available, OTC medication administration may be handled by a trained designated staff member. The OTC medication is administered under conditions of "supervised self-administration." This means that the school will give the student the medication type and dosage according to the Medication Order and the Parent/Guardian Consent on file at the Health Center and following protocols established by the school nurse. In such cases, the school will ask the student to verbally verify that he or she is taking the correct medication and dosage. The school will enter a record of the administration into a log (coordinated with the school nurse), including the name of the medication, the dosage, and the time of administration. The school's designated staff member is not making a medical decision in any regard in relation to the OTC medication administration. The White Oak designated staff member is, in this case, supervising a self-administration of the OTC medication.
3. **The procedure (and definition) of "supervised self-administration" does not permit students to carry medications on their persons or in their belongings, nor to accept or use medications provided to them from any source. Possession or unsupervised use of OTC medications, and/or prescription-type medications by a student in a school is strictly prohibited under State law, and may result in disciplinary action against a student.**

Print Student Name _____

Student Signature _____

Parent/Guardian Signature: _____ Date: _____