



South Central *Ohio*
Educational Service Center

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2025/2026 School Year Over the Counter Medication Release

Dear Parents and/or Guardians:

Below is a list of some over-the-counter medications (no prescription needed). These medications would be administered in the event that your child would present to their teacher or the principal with minor aches, pains, itching, etc. I am asking each parent to please mark the over-the-counter medication that you would feel comfortable with your child receiving at school. My goal in this is to assure that each child receives the care necessary for him/her to learn during their time at school. All medication will be administered based on the manufacturer's label. If your child receives medication with this authorization, I will notify you by phone or by sending a written note home that day regarding the dose and time of administration.

____ YES, I GIVE PERMISSION

____ NO, I DON'T GIVE PERMISSION

Student Name: _____

Allergies: _____

Current Medication/s: _____

____ Neosporin Ointment topical

____ Tums/Pepto Bismol

____ Acetaminophen (Tylenol) oral

____ Benadryl/Allergy Relief

____ Ibuprofen (Motrin) oral

____ Hydrocortisone Cream topical

____ Cough Drops/Lozenges (Halls Cough Drops) Oral

Parent/Guardian Signature _____

Principal's Signature _____