Request for Administration of Over-the-Counter (OTC) Medications
2026-2027 School Year

Whenever possible, it is desirable for medications to be scheduled at times other than school hours for the safety of the student. Administration of medication during school hours is sometimes required to help our students function at their best.

Our regulations include:

1. Using this form, signature of parent or guardian requesting that Chesapeake Bay Academy administer medications.
2. OTC medications, other than those stocked by CBA (marked below *****), must be delivered to the School Nurse by the parent or guardian in their original, unopened and sealed containers.
3. Exact duration for administration of medication must be stated. Date of termination for the medication must be specified. When duration is not specified, medication will be administered for one month (30 calendar days from date of order).

Name of Student _____ Date of Order _____

Allergies: _____

Specific Duration of Order: _____School Year (Aug-Jun): Other: _____

Acetaminophen* Dosage: ___160 mg ____500 mg tab(s) Every: 4-6 hours PRN

Ibuprofen* Dosage: _____100 mg ____ 200 mg tab(s) Every: 4-6 hours PRN

Calcium Carbonate* (tums) Dosage**:** 500mg _____ tab(s) Every: 2 hours PRN

Halls Cough Drops*: 1 Lozenge Every 2 hours PRN

Other OTC Medication _____

Dosage _____Frequency of administration _____

Diagnosis _____

I give permission for Chesapeake Bay Academy to administer the above medications as needed.

_____

Parent/Guardian's Signature Date Phone

_____

Parent/Guardian Printed Name and contact information