



Parent Permission for NON- Prescription Medication

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- The parent or legal guardian must complete and sign this form.
- This form must be on file in the student's health record at school before non-prescription/over-the-counter medication can be brought to school and administered.
- Medication must be labeled with student's name and in the original container with no other medications mixed in.
- No student may provide prescription or over-the-counter medication to another student. Students violating this will be disciplined according to the drug use provision of the student code of conduct.
- Medication must be taken in the presence of the nurse or other Board-designated personnel.

I am the parent/legal guardian of _____, and I hereby request and give my permission to the school nurse or other Board-approved personnel to supervise my child in administering the following over-the-counter medications. I further acknowledge by signing this form that the school district or its personnel are under no obligation to render assistance in administering medication and do hereby release all Board- designated school employees and the Board of Education from liability for damages, illness or injury resulting from either performing or not performing the assistance requested.

_____ I **AUTHORIZE** _____ (student first/last name) to carry and only take in the presence of the nurse or trained designee, the following non- prescription medications (Student may only take medication as directed on the bottle, anything more than the suggested dose is considered a prescription dose and must have a prescription form completed).

_____ Any Non-Prescription Medication

_____ My child can **ONLY** carry the following NON-Prescription medications:

_____ I **DO NOT Authorize** _____ (student first/last name) to carry non-prescription medications, **BUT WILL ALLOW** the nurse to administer the following non-prescription medications, **AND WILL PROVIDE** the medication to the school nurse or director (Student may only take medication as directed on the bottle, anything more than the suggested dose is considered a prescription dose and must have a prescription form completed).

_____ Any Non-Prescription Medication

_____ **ONLY** the following NON-Prescription medications:

_____ I **DO NOT Authorize** _____ (student first/last name) to take non-prescription medications at school.

I have read and understand the procedures for the administration of Non- Prescription Medication and request that above listed medications be allowed to be administered to my child with Board authorized supervision at school.

Parent/Guardian Signature

Date

Daytime Phone Number

Home Phone Number