



# Parent Permission for Non-Prescription Medication

7877 US Highway 42 S  
Plain City, OH 43064  
(614) 873-4666

- 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.
- The Parent/Guardian is responsible for supplying the student's non-prescription medication.
- The 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.
- Students may only take medication as directed on the bottle. Anything more than the suggested dose is considered a prescription dose and requires a prescription medication form to be completed.
- Medication must be taken in the presence of the nurse or other Board-designated personnel.

I am the parent/legal guardian of the student named below, and I hereby request and give my permission to the school nurse or other Board-approved personnel to supervise my child in administering non-prescription/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 these medications 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 Board-designee, the following non-prescription medications:

\_\_\_ ANY Non-Prescription Medication

\_\_\_ ONLY the following Non-Prescription Medications:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please sign below to indicate that you have read and understand the procedures for use of Non-Prescription Medication.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Phone Number