



Dublin City School District

Students
5330 F4
Revised 4/19/18

Request for Student to Self-Administer Nonprescription Medication Without Supervision High School / Middle School

Student's name: _____ Birthdate: _____ School/Grade: _____

- Parent or guardian must complete and sign the consent section below at the beginning of each school year.
- This completed form must be on file in the student's health record before student may self-administer nonprescription medication at school. A separate form is required for each medication.
- No student may provide nonprescription medication to another student. Students violating this will be disciplined according to the drug use provision of the student code of conduct.
- Rectal suppositories, G/JG tube, and all nonprescription medications requiring staff assistance or storage in the clinic require an Ohio licensed health care prescriber's order. (See form 5330 F1.)
- **Parents must supply student's nonprescription medication and it must be in the original manufacturer's container/package.**

Parent/Guardian complete all items:

I am the parent/legal guardian of the student named above and I hereby request and give my permission for my child to self-administer the following nonprescription medication. I further acknowledge by signing this form that the school district or its personnel will not store or render assistance in administering nonprescription medication without written authorization by a licensed prescriber (see Form 5330 F1). I hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from student self-administration.

Medication name and strength	
Dose	
Route	
Time (during school or school activity)	
Severe adverse reactions to be reported to parents	
Specific instructions for administration (list any symptoms)	
Possible side effects	
Special storage instructions	
Starting & ending date of this request	Start _____ End _____

Sign for nonprescription medication to be carried and administered WITHOUT supervision.

Please sign below if your child may keep the above nonprescription medication in her or his possession and administer WITHOUT supervision.

Parent/Guardian signature

Date

Home address

Daytime phone