



WORTHINGTON SCHOOLS OVER THE COUNTER (OTC) PARENT PERMISSION FORM FOR FDA APPROVED NON-PRESCRIPTION MEDICATIONS

**THIS FORM MUST BE ON FILE IN THE HEALTH OFFICE AND
PARENTS MUST PROVIDE MEDICATIONS**

Name of Student: _____ Date of Birth: _____

School: _____ Grade: _____

Medication(s): _____

Dosage: _____

Time/Frequency to Be Taken: _____

Check option below:

Option 1 (Grades PK – 12):

- As a parent or legal guardian of the PK-12 grade student named above, I am requesting that he/she/they be allowed to take an over the counter (OTC) medication administered by the school nurse or nurse's designee.
- My signature below indicates the following:
 - I release any claims against the Board of Education, its officials and employees including the school nurse and the nurse's designee from any and all liability for damages or injury directly or indirectly result from the performance or failure of performance of the assistance requested.
 - I will assume responsibility for the safe transport of the medication to school in its original labeled container. All medications must be kept in the original container.

Option 2 (Grades 6-12 only):

- As a parent or legal guardian of the 6-12 grade student named above, I am requesting that he/she/they be allowed to carry and self-administer an over the counter (OTC) medication during school hours.
- My signature below indicates the following:
 - I have instructed the student as to the proper use of this medication.
 - Grade 6-12 students are not permitted to possess or carry more than one week's supply of any OTC medication during school hours.
 - The Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time.
 - I release any claims against the Board of Education or its employees for allowing the student named above to self-administer medications(s) in accordance with this request.
 - I will assume responsibility for the safe transport of the medication to school in its original labeled container. All medications must be kept in the original container.

DATE

PARENT/GUARDIAN SIGNATURE

HOME PHONE

WK/CELL PHONE

◆◆ MEDICATIONS MUST BE SUPPLIED BY THE PARENT ◆◆

◆◆ THE NURSE DOES NOT SUPPLY ANY MEDICATIONS FOR THE STUDENT ◆◆