

MORGAN LOCAL SCHOOL DISTRICT

Authorization for the Administration of Medication by School Personnel

Non-Prescription Medication

As required by Section 3313.713 of the Ohio Revised Code

Student Name

Designated Employee to give medication

Date of Birth

School building

Alternate Employee to give medication

Grade

School Year

Student's Teacher

Parent/Guardian Section

Please review the following steps required for permission of school personnel to administer any medication to your child and sign this section.

- The parent must complete this form for over-the-counter medications.
- Any/all non-prescription medications must be in the original container.
- All medications must be brought to the school by a parent/guardian (students cannot bring medications to school).
- New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for instance, changes in dose, time, etc.)

I request that _____ be administered
(Name of medication)

to my son/daughter according to these directions: (Please list dosage, times, other pertinent information)

Parent Signature: _____

Date: _____