



## Request for Administration of Nonprescription Medication by School Personnel

Student's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School/Grade/Teacher: \_\_\_\_\_

- Parent or guardian must complete and sign this form at the beginning of each school year.
- This completed form must be on file in the student's health record before school personnel may administer nonprescription medication at school.
- **A separate form is required for each medication.**
- Aspirin (because of its association with Reye Syndrome), rectal suppositories, or G/JG tube medications cannot be administered without an Ohio licensed health care prescriber's request. (See form 5330 F1.)
- All nonprescription medication for elementary students is stored in the clinic. Students may not self-carry.
- **Parents must supply student's medication in the original manufacturer's packaging.**

Medication	
Dosage (may not exceed manufacturer's dosage without an Ohio licensed health care prescriber's order. See form 5330 F1)	
Time / circumstances for administration	
Severe adverse reactions to be reported to parents	
Specific instructions for administration	
Special instructions for storage	
Starting & ending date of this request	Start _____ End _____

I hereby request and give my permission for school district personnel to administer this medication to my child in accordance with the specific written instructions listed above. I do hereby release all school employees and the Board of Education from liability for damages, illness, or injury resulting from either performing or not performing any assistance requested.

I am responsible for the delivery of this medication to the school clinic and will notify the school immediately if the need for this medication is discontinued.

I agree to submit a revised *Request for Administration of Nonprescription Medication by School Personnel* (form 5330 F1a) if any changes are made regarding the above medication.

I understand this medication can only be administered to my child by a school nurse or myself until medically unlicensed staff in my child's school have completed the required District training. In the absence of a medically licensed person, such as a school nurse, only designated, trained staff are authorized to perform this task.

If this medication is required for extracurricular activities, I agree to provide a separate dose to school staff supervising my child's extracurricular activities.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Home address: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

