



YELLOW SPRINGS EXEMPTED VILLAGE SCHOOL DISTRICT

Mills Lawn School
937.767.7217

YS Middle and High School
937.767.7224

ysschools.org

THE PARENT TO COMPLETE THIS PART:

Request for Assistance in Self-Administration of Over-the-Counter Medication.

Since medications for students listed below cannot be scheduled for other than school hours, and the administration of these medications may be supervised by personnel who do not have medical training, school personnel will assist in self-administration of medications as indicated below.

1. Name of the student:

2. Student's address:

3. Medicines to be administered (name, amount, time of day, and special instructions, sterile conditions, and how to store medicine) **MUST BE IN ORIGINAL LABELED CONTAINER:**

Reason _____

Medication _____

Dose/Amount _____

Frequency _____

Route of administration _____

Allergies _____

4. Date to start and stop medication: _____ / _____

5. Date of request: _____

6. **Parent Signature:** _____

7. Parent phone number: _____

School Personnel are not liable for the effects related to the use of this medication.

Signature of school personnel: _____

Date: _____