

Over the Counter Medication Authorization

West Carrollton School District

Name of Student: _____ Date of Birth: _____

Address: _____ School: _____ Class: _____

Ohio law (ORC 3313.713) states school personnel are not legally obligated to administer medication. West Carrollton School District has adopted a policy whereby authorized **specific** school personnel to administer medications under the following conditions:

1. **The medication cannot be scheduled for other than school hours.**
2. Submission of this completed form with parent/guardian signature.
3. Only an adult will bring medication to the clinic, in the original container with the label intact. Medication will only be administered per package instructions.
4. All medication requests must receive Nurse approval before administration.
5. All medications will be stored in the clinic and discarded at the end of the year if not picked up.
6. Contact with parent/guardian may be necessary before administering medication.

Medication: _____

Dose: _____ How often: _____

What should we give it for: _____

Have you ever given this medication at home: _____ YES _____ NO

I request designated school personnel to administer the medication I have written above. I certify that I have legal authority to consent to medical treatment for the student named above. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Date: _____

Parent/Guardian Signature: _____

Home #: _____ Cell #: _____ Work #: _____

Reviewed by Nurse (signature) : _____

Date: _____