

OLENTANGY | LOCAL SCHOOLS
NON-PRESCRIPTION MEDICATION REQUEST FORM

As parent or legal guardian of the child named below, I am requesting that he/she be allowed to carry and self-administer an over-the-counter medication. My signature below indicates that I agree to the following:

1. I have instructed the student as to the proper use of this medication.
2. Students are not permitted to possess or carry more than one day's supply of any over-the-counter medication.
3. The Board of Education or its designee reserves the right to deny or revoke permission for self-medication at any time.
4. I release any claims against the Board of Education or its employees for allowing the above-named student to self-administer medication(s) in accordance with this request.
5. This form is in effect for the duration of the current school year unless stated below.

Dates medication to be taken

Student's Name

Grade

Name of over-the-counter medication

Parent's Signature

Date Signed