



Dublin City School District

Students 5330 F4 Revised 12/8/09 <i>English</i>
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Parent Request for Student to Self-Administer Nonprescription Medication

With and/or Without Supervision – High School / Middle School

Student's Name _____ School/Grade _____

- Parent or guardian must complete and sign one or both of the consent sections below.
- This form must be on file in the student's health record at school before student or school staff may administer nonprescription medication. A separate form is required for each medication.
- No student may provide nonprescription medication to another student. Students violating this will be disciplined according to the drug use provision of the student code of conduct.
- **Parents must supply student's medication.**

Parent/Guardian complete all items:

I am the parent/legal guardian of _____, and I hereby request and give my permission for the Board-approved personnel to supervise my child as designated in administering the following nonprescription medication. This medication will be provided to the school by me as the parent/guardian. I further acknowledge by signing this form that the school district or its personnel are under no obligation to render assistance in administering medication and do hereby release all Board-designated school employees and the Board of Education from liability for damages, illness or injury resulting from performing the assistance requested.

Medication	
Dosage (May not exceed manufacturer's dosage without a doctor's order)	
Time(s) to be given	
Specific instructions for administration (List any symptoms)	
Starting date for request	
Ending date for request	

I. Sign for nonprescription medication to be kept in the clinic and administered WITH supervision.

I hereby request and give my permission to the Board-approved personnel to supervise my child in administering the above nonprescription medication.

Parent/Guardian signature

Date

Home address

Daytime phone

II. Sign for nonprescription medication to be carried and administered WITHOUT supervision.

Please sign below if your child may keep the above nonprescription medication in her or his possession and administer WITHOUT supervision.

Parent/Guardian signature

Date

Home address

Daytime phone