



OLD FORT LOCAL SCHOOL DISTRICT
Home of the Stockaders

Parental/Guardian Notification

If your child will be taking medication (either prescription and/or non-prescription) during the school year, please complete the following forms. Since we do not have a full time school nurse in the building, the medication will be securely stored in the school office. *VERBAL PERMISSION FROM THE PARENT WILL NOT BE ACCEPTABLE AT ANY TIME!*

The Ohio Revised Code and the School District Policy do not permit the administration of prescription medication until receipt of the “Authorization for Administration Form” is complete and signed by the parent **AND** the physician.

If your child takes a non-prescribed medication, there is a separate form for that and must be signed by the parent BEFORE medication can be stored or given to your child at school.

Please remember that ALL medication must be in a pharmacy labeled bottle (or the original container for non-prescription medication), not expired and dosed for the appropriate age.

Please feel free to contact the school office or nurse if you have any questions regarding this.

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT

To the Parent:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.

Name of Student_____
Address_____
School Class_____
Grade

A. I am requesting permission for my above-named child to: (check one or both)

____ **Use or receive the following over-the-counter medication(s)**

Medication: _____

Dosage: _____

Frequency: _____ Time(s) to Administer: _____

Medication: _____

Dosage: _____

Frequency: _____ Time(s) to Administer: _____

____ **Self-administer such medication(s) in the presence of an authorized staff member.**

- B. I will assume responsibility for safe delivery of the medication to school.
- C. All medication must be turned into the school office to be stored in a secured location.
- D. I will notify the school immediately if there is any change in the use of medication or prescribed treatment.
- E. Our physician has instructed that this medication should be administered in the above-designated dosage.
- F. I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent_____
Date

Home Telephone _____

Work Telephone _____