

FORT FRYE LOCAL SCHOOL DISTRICT
Administration of Medication by School Personnel
NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION
As required by Section 3313.713 of the Ohio Revised Code

Parent/Guardian:

Please review the following steps required for permission of school personnel to administer medication to your child.

- The parent must complete this form for non-prescription/over-the-counter medications.
- All non-prescription/over-the-counter medications must be in the original container.
- All medications must be brought to the school by a parent/guardian. Students cannot bring medications to school.
- New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in dose, time, etc.)
- Parents must pick up the remaining medication at the end of the school year.

I hereby request and give permission to the school nurse or school personnel designated by board policy as authorized to administer medication for the following non-prescription/over-the-counter medication to my child. I understand that I (parent/guardian) am responsible for the safe delivery of all medications to school.

Student Name: _____

School: _____ Grade _____

Name of Medication: _____

Reason/Diagnosis for Medication: _____

Dosage: _____

Directions on how/where to administer: _____

Specific time(s) to be administered: _____

Start Date: _____ End Date: _____

Possible side effects or adverse reactions of this medication are: _____

Special Instructions: _____

Please provide the school with the over the counter medications that you want your child to receive in the original container with this form.

Signature of Parent/Legal Guardian

Date

Emergency Contact #: _____