



Mount Vernon City School District

Request for Student to Self-Administer Nonprescription Medication Without Supervision Middle School / High School Use Only

Student Information:

Student's name: _____ Birthdate: _____ School/Grade: _____

Any Known Drug Allergies/Reactions: _____

- This completed form must be on file in the student's health record before student may self-administer nonprescription medication at school. Separate forms are required for each medication.
- **Parents must supply student's nonprescription medication and it must be in the original manufacturer's container/package.**

Nonprescription Medication Information:

Medication name: _____

Dosage: _____ Route: _____ Time: (during school or school activity): _____

Severe adverse reaction to be reported to parent: _____

Possible Side Effects: _____ Start date: _____ End date: _____

- As the parent/legal guardian of the named child, I am requesting that he/she be allowed to carry and self-administer an over-the-counter medication. My signature below indicates that I have instructed my child on the proper use of this medication. I acknowledge by signing this form that the school district or its personnel will not store or render assistance in administering nonprescription medication without written authorization by a licensed prescriber.
- This student is **not** permitted to possess or carry more than a **one day** supply of any over-the-counter medication.
- The Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time. No student is allowed to provide or sell any type of over-the-counter medication to another student. Violations of this rule will be considered violations of Policy 5530 - Drug Prevention Policy 5500 - Student Code of Conduct.
- If a nonprescription medication requires staff assistance of any form or storage in the clinic (i.e. rectal suppositories, G/JG tube assistance), a form with an Ohio licensed health care prescriber's order is required.
- 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. This form is in effect for the duration of the current school year.

Required Signature:

Sign for nonprescription medication to be carried (in her or his possession) and administered **WITHOUT** supervision.

Parent/Guardian Signature: _____ Parent/Guardian name: _____

Date: _____ Home address: _____

Daytime phone #: _____