



Fax: (330)725-5870, PH: (330)725-8461

### MEDINA COUNTY CAREER CENTER

## Authorization for the Administration of Over-The-Counter Medication by School Personnel

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Student's Program \_\_\_\_\_ Grade \_\_\_\_\_

### PARENT/GUARDIAN SECTION

We, the undersigned request that over-the-counter medication be administered to our child. We understand that the administration of the medication will be done under the supervision of a member of the school staff. We further understand that the school personnel are not legally obligated to administer medication to any child. Therefore, we agree that the school district and its employees are free from any and all responsibility for the results of such medication or the manner in which it is administered.

At the end of the school year, the parent should pick up any unused medication. Otherwise, the Career Center will dispose of any unused portions.

We will notify the school immediately if we change or terminate the use of this medication for any reason.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work or Cell Phone number \_\_\_\_\_

Medication must be provided in the original container (bottle). The dosage from the parent cannot exceed the dosage on the label.

Diagnosis for which medication is prescribed \_\_\_\_\_

Medication \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_

Time Medication to be taken \_\_\_\_\_ Administration Start Date \_\_\_\_\_ Administration End Date \_\_\_\_\_

Instructions or precautions, including possible side effects and storage. \_\_\_\_\_