



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. _____