RN-M004
Revised: 04/23

South-Western City School District

Authorization for Non-Prescription Over-the-Counter Medication or Treatment

3805 Marlane Drive ● Grove City, Ohio 43123 ● (614) 801-3000 ● www.swcsd.us

To the Parent/Guardian:

The following information is necessary for any student to use non-prescribed, over-the-counter medications while in school. All spaces must be completed.

Name of Student: _____

Address: _____

School: Grove City High School Grade: _____

A. I am authorizing permission for my child (named above) to: (Check one or both)

☐ Use or receive the following over-the-counter medication(s):

Medication: _____

Medication: _____

Note: medication dosage will be determined using the recommended dosage identified by the provider of the over-the-counter medication. Any dosage request larger than the provider's recommendations must be approved by a physician

☐ 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. Provider-recommended dosage instructions must accompany any medication

D. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

E. 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.

F. I understand that if my child performs any care tasks for the purpose other than the student's own care, or evidence is found that the student is abusing the use of the non-prescribed medication(s), the Board will revoke the student's permission to use or receive over-the-counter medications at school.

_____ _____

Signature of Parent/Guardian Date

_____ _____

Home Phone Number Work Phone Number

STAFF: A copy of this form must be provided to the school nurse if the form is given to any other SWCSD staff member.

_____

Signature of Principal / Designee