

PERRYSBURG EXEMPTED VILLAGE
SCHOOL DISTRICT

Parent Request and Authorization to Administer
Over-the-Counter
Medication/Drug or Treatment

To the Parent:

The following information is necessary for any student to use non-prescribed (over-the-counter) medications or to receive treatment in school. All spaces must be completed.

Name of Student	Address
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School	Grade
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Medication Name & Dosing Instructions

- A. I will assume responsibility for safe delivery of the medication/drug to school. (The medication/drug must be received by the District (i.e., the person authorized to administer the drug to the student) in the container in which it was dispensed by the store or a licensed pharmacist.)
- B. I understand that medications will only be administered according to the package directions.
- C. 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.
- D. I understand and have read Perrysburg Schools Board Policy 5330 (found on the school district web site under the Parent tab, under Policy Manual), which delineates the procedure by which this form's authorization is to be used.
- E. The following medications are available in tablet form to be administered to students in grades 7-12 according to package dosage instructions with your permission by checking the appropriate box:

Ibuprofen (generic for Advil/Motrin) Acetaminophen (generic for Tylenol)

Signature of Parent*	Date
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Home Telephone/Mobile Telephone	Work Telephone
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*Parent, guardian, or other person having care or charge of the student.

4/29/16