Appendix A

ORC 3313.713

AUTHORIZATION TO DISPENSE NON-PRESCRIPTION DRUGS
(The drug must be received in the original container in which it was dispensed)

Student Name _____ Grade _____

Student Address _____ Building _____

Part I: Parental Request

I request that the medication described below be administered to _____
Student Name

and grant permission for an authorized individual from St. Henry Consolidated Local Schools to administer the medication. I have read and understand the Board's policy regarding administration of drugs to students.

_____ _____
Signature of Parent or Guardian Date

Part II: To Be Completed By Parent for Non-Prescription Drugs

A. Name of drug: _____ Dosage: _____

B. Time Interval for administration: ____four hours ____six hours ___eight hours
____before meal ____after meal ____with meal
____other (explain)_____

C. Medication is to begin on _____ and is to end on _____
Date Date

D. Possible reactions: _____

Report reaction to: _____ _____
Name Phone Number

E. Medication Storage: _____room temperature _____refrigerate ____other: _____

F. Special Instructions: _____

G. As parent, guardian, or person responsible for this child, I assume all responsibility for the administration of this medication and release the school from any liability associated with its use which was with my permission and at my request.

_____ _____
Signature of Parent or Guardian Date

_____ _____
Witness to Signature Date

Part III. To Be Completed by Principal and/or Authorized Person

Received Request _____ Complied with request _____ Medication completed per request _____

Date Date Date

_____
Signature of individual dispensing drug