

# MORGAN LOCAL SCHOOL DISTRICT

## *Authorization for the Administration of Medication by School Personnel*

### **Non-Prescription Medication**

*As required by Section 3313.713 of the Ohio Revised Code*

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Designated Employee to give medication

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
School building

\_\_\_\_\_  
Alternate Employee to give medication

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School Year

\_\_\_\_\_  
Student's Teacher

### **Parent/Guardian Section**

Please review the following steps required for permission of school personnel to administer any medication to your child and sign this section.

- The parent must complete this form for over-the-counter medications.
- Any/all non-prescription medications must be in the original container.
- All medications must be brought to the school by a parent/guardian (students cannot bring medications to school).
- New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for instance, changes in dose, time, etc.)

I request that \_\_\_\_\_ be administered  
(Name of medication)  
to my son/daughter according to these directions: (Please list dosage, times, other pertinent information)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_