

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT

The Greater Dayton School recognizes that, under exceptional circumstances, the administration of medication may be used where the child's health may be jeopardized without it. In consideration, the Greater Dayton School will provide the following over-the-counter medications to students in need: Tylenol, Ibuprofen, and Pepto Bismol, and shall only administer such medication after first obtaining written consent from the student's parent. Pursuant to school rules, students may not carry medication on their person or keep it in their desks or backpacks unless specific written permission from the parents and the prescribing physician is on file in the Health Office. The following information is necessary for any student to use nonprescribed medications in school.

Name of Student

Address

Teacher

Grade

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

_____ use or receive the following over-the-counter medication(s):

Medication/Dosage: _____

Medication/Dosage: _____

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

D. I release and agree to hold the Board, 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.

Signature of Parent

Date

Home Telephone

Work Telephone

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above-nonprescribed medication(s)/treatment(s): _____

Principal