

Pickerington Local School District

Form for Nonprescription Medications – Grade 7-12

Student's Name: _____ Date of Birth: _____

Name of Medication: _____ Strength: _____

Dosage: _____

Time medication is to be administered: _____

Date to start medication: _____ Date to discontinue medication: _____

Parent/Guardian Name: _____

Telephone Number: _____

Parent/Guardian Signature

Date