

**Pickerington Local School District**  
**Administering Nonprescription Medications – Grades K-12**

Homeroom Teacher	Grade
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Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Medication:		Strength:	Dosage:
Time of day medication administered:	Date to start medication:	Date to discontinue medication:	

I understand that I (Parent/guardian) am responsible for the safe delivery and pick up of all medications to the clinic. Any medications not retrieved at the end of the school year will be disposed of properly. A new *Administering Nonprescription Medications* form is required every school year.

I agree:

- To send medication to the clinic in the original container
- To instruct my child to take medication in the clinic or school sponsored event from the school nurse or school personnel designated by Board policy to administer medication
- To instruct my child that they are not permitted to provide or sell any over-the-counter medication to another student. Violations of this rule will be considered a violation of the School Code of Conduct.
- To submit a new *Administering Non-prescription Medications* form if the medication, dosage or instructions are changed.
- To send a written note if my child is to discontinue taking this medication. I will retrieve medication within five days. I understand that the medication will be properly disposed after five days.

I hereby release the Pickerington Local School District, its officials, and employees from any and all liability for damages or injury directly or indirectly resulting from my child's use of over-the-counter medication.

Please print:

Parent/Guardian Name:	Telephone Number:
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*Parent/Guardian Signature*

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*Date*