



**OLENTANGY | LOCAL SCHOOL DISTRICT**  
**PARENT'S NON-PRESCRIPTION MEDICATION REQUEST FORM**

As a parent or legal guardian of the child named below, I am requesting that he/she be allowed to carry and self-administer an over-the-counter medication. My signature below indicates that I agree to the following:

- 1) I have instructed the student as to the proper use of this medication.
- 2) Students are not permitted to possess or carry more than a one-day supply of any over-the-counter medication.
- 3) The Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time.
- 4) I release any claims against the Board of Education or its employees for allowing the above named student to self-administer medication(s) in accordance with this request.
- 5) This form is in effect for the duration of the current school year unless stated below.

\_\_\_\_\_

Dates medication to be taken

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Grade

\_\_\_\_\_

Name of over-the-counter medication

\_\_\_\_\_

Parent's Signature(s)

\_\_\_\_\_

Date Signed