

NORTH UNION LOCAL SCHOOLS

Parent's Nonprescription Medication Request Form

As 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 one day's 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.

Student's Name

Grade

Name of over-the-counter medication

Parent's Signature(s)

Date Signed