



McDonald Local School District

600 Iowa Ave. McDonald, OH 44437

School Clinic: Phone: 330-530-8051 ext 2006 Fax: 330-530-7033

Over-the-Counter Medication Form

Student Information

Student name			Date of birth
Student address			
School	Grade/Class	Teacher	School year
List any known drug allergies/reactions			

☒ **I am requesting permission for my child named above to use or receive the following over-the-counter medication:**

Name of Medication	Circumstance for use	
Dosage	Route	Time/Interval
Date to begin medication	Date to end medication	
When to give medication:		
Reason student needs to take medication (optional)		

Parent/Guardian Authorization

- ☒ My child will self-administer the medication in the presence of an authorized staff member
- ☒ I will supply the medication in the original container and assume responsibility for safe delivery of the medication to school
- ☒ I will notify the school immediately if there is any change in the use of the medication
- ☒ I release and agree to hold the Board of Education, 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.

Additional Comments:

Parent/Guardian signature	Date	#1 contact phone	#2 contact phone
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