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| **Mr. Joshua Sagester** | Tri-Village Local School District | **Mr. Lee Morris** |
| Superintendent | P.O. Box 31 | JH/HS Principal |
|  | 315 South Main Street |  |
| **Mr. Shane Mead** | New Madison, Ohio 45346 | *Internet Address* |
| Elementary Principal | *v.* 937-996-1511 *f.* 937-996-0307 | www.tri-village.k12.oh.us |

**AUTHORIZATION FOR OVER-THE-COUNTER MEDICATION OR TREATMENT**

To The Parent:

The following information is necessary for any student to use Over-the-Counter medications or to receive treatment in school. **All spaces must be completed**.

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I am requesting permission for my child named above to: (Check all that apply):
   * Use or receive prescribed medication(s)

Medication: ­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dosage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Self-administer prescribed medication(s) in my presence or that of an authorized staff member.

1. I will assume responsibility for safe delivery of the medication/drug to school. (The medication/drug must be received by the District (i.e., the person authorized to administer the drug to the student) **in the container in which it was dispensed.**
2. I will notify the school immediately if there is any change in the use of the medication/drug or the treatment.
3. 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 the authorization.

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Signature of Parent/Guardian Date