

THIS FORM MUST BE ON FILE IN NURSE'S OFFICE

TO BE USED FOR
WORTHINGTON HIGH SCHOOL STUDENTS ONLY

WORTHINGTON HIGH SCHOOLS
WORTHINGTON, OHIO

PARENT'S NONPRESCRIPTION (OTC) MEDICATION REQUEST FORM

As parent or legal guardian of the high school student named below, I am requesting that he/she be allowed to carry and self-administer an over-the-counter (OTC) 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. Medications must be in original labeled containers.
3. Students are not permitted to possess or carry more than one day's supply of any OTC medication.
4. The Board of Education or their designee reserves the right to deny or revoke permission for self-medication at any time.
5. 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.

Name of Student _____ Date of Birth _____ Grade _____ High School _____

Name of Over-The-Counter Medication(s) _____

Date Signature of student's parent(s) or guardian(s) Home phone # Work Phone #

******MEDS MUST BE SUPPLIED BY THE STUDENT. THE NURSE DOES NOT SUPPLY THE MEDS FOR THE STUDENT.******