SIDNEY CITY SCHOOLS

750 S. FOURTH AVENUE
SIDNEY, OHIO 45365
MAIN: 937-497-2200
FAX: 937-497-2211

To inspire, empower, and prepare our students for their best future.

PARENT/GUARDIAN REQUEST FOR NON-PERSCRIBED MEDICATION BY SCHOOL PERSONNEL

Student's Name: _____ Date of Birth: _____

Address: _____
Street City State Zip

Parent/Guardian's Name: _____ Phone: _____

I hereby request and give my permission to the principal or a designee (nurse, secretary, teacher, or other responsible trained person) to administer the following medication to my child:

Name of Drug: _____ Dose: _____ Times: _____

Reason for drug to be administered at school: _____

Beginning date of request: _____ Expiration date of request: _____

_____
Parent/Guardian Signature Date

Parents MUST send medication to school in its original container.

Note: The parent/guardian of the child must assume responsibility for informing the principal or a designee (nurse, secretary, teacher, or other responsible trained person) of any change in the child's health or any change in the non-prescribed medication. Any change to the above non-prescribed prescription (dosage or administration) will require the completion of a new form.

_____
School Official's Signature (Acknowledging Receipt) Date