

NEWTON FALLS EXEMPTED SCHOOL DISTRICT
ADMINISTERING MEDICATION TO STUDENTS

PARENTAL REQUEST
Regulations for **Non-Prescription Drugs**

A. This student should receive the following medication according to the following instructions:

- (1) Name of Student _____
- (2) Address of student _____
- (3) School and class (enrolled) _____
- (4) Name of medication _____
- (5) Dosage to be administered _____
- (6) Times or intervals to be administered _____
- (7) Date the administration is to begin _____
- (8) Date the administration is to cease _____
- (9) Special instructions for administration _____
- (10) Probable reactions _____
- (11) Comments _____

B. This student is (able – unable) to administer such medication without adult monitoring or assistance.

PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal and his/her designee to administer the above medication to my child.

_____ (name of student)

according to the instructions set forth above because my child is unable to administer such medication without adult monitoring or assistance. I agree to submit a revised statement if any of the information as described above changes.

Date

Signature of Parent or Guardian

Phone Number