BRECKVILLE-BROADVIEW HEIGHTS CITY SCHOOL DISTRICT
NON-PRESCRIPTION MEDICATION AUTHORIZATION

NAME ___________________________________ BIRTHDATE __________________

SCHOOL _________________ TEACHER __________________ GRADE __________

ADDRESS ____

______________________ ________________ ____________ Daily ___ or

Medication Dosage How Often/Times As Needed___

______________________________ ______________________________

Reason for Medication Possible Side Effects

____ ____________________

Signature of Parent/Guardian Date

Expiration Date of Request ____

Day Phone __________________________ Cell Phone __________________________

Person Administering Medication:

Initials: Signature:

Date Given	Hour Given	Initials	Date Given	Hour Given	Initials	Date Given	Hour Given	Initials

Rev. 3/09/05

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To the Parent/Guardian:

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT WHO RECEIVES OR USES OVER-THE-COUNTER MEDICATIONS IN SCHOOL.

1. I am requesting permission for the student named above to receive or use medication according to directions on this form. I have instructed my child to report to the school office to receive the medication at the designated time. I will keep an adequate supply of medication at school.

2. I will assume responsibility for safe delivery of the medication to the school office by myself or call the principal to make other arrangements.

3. I will call the school office and send a written note if my child is taken off this medication. I will retrieve the medication within three (3) days.

4. I will bring in a completed non-prescription medication authorization form for any dosage/medication changes.

5. I will release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

ALL MEDICATION MUST BE IN ORIGINAL PHARMACY DISPENSED CONTAINERS. LABELS MUST MATCH INSTRUCTIONS FROM DOCTOR ON THIS FORM.

A NEW FORM MUST BE COMPLETED FOR EACH DOSAGE OF MEDICATION CHANGE. EACH SCHOOL YEAR, A NEW FORM MUST BE COMPLETED FOR EACH MEDICATION.

Rev. 3/09/05