# DISCOVERY SCHOOL

▶ NON-PRESCRIPTION MEDICATION
**Permission Form**
This form is required for each school year.

REQUEST FOR THE ADMINISTRATION OF
**NON-PRESCRIPTION** MEDICATION
BY AUTHORIZED DISCOVERY SCHOOL PERSONNEL FOR SCHOOL YEAR _____

## **SECTION I:** PARENT REQUEST FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION

I hereby request and give permission to the authorized personnel to administer **children's strength Tylenol** or other non-prescription medication to my child. I understand this will be administered only after approved personnel at Discovery School contact either parent and receive verbal parental approval to administer the medication.

_____ | _____
Name of Child | Age of Child

_____ | _____ | _____
Dosage | Signature of Parent | Date

## **SECTION II:** RECORD OF MEDICATION GIVEN BY AUTHORIZED DISCOVERY SCHOOL PERSONNEL

To be completed by Discovery School personnel:

| Date and Time of Dosage | Amount of Dosage | Signature of Authorized School Personnel | Approved by: Name of Parent, Date & Time |
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ADAPTED FROM OHIO DEPARTMENT OF EDUCATION
DIVISION OF EDUCATIONAL SERVICES - FORM 2

Record continues on back ▶

| Date and Time of Dosage | Amount of Dosage | Signature of Authorized School Personnel | Approved by: Name of Parent, Date & Time |
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