



6451 Center Street
Mentor, OH 44060

PARENTAL PERMISSION FOR ADMINISTRATION OF MEDICATION

TO: _____
Principal School

FOR: _____
Student Grade

We (I), the undersigned, who are the parent(s)/guardian(s) of _____ request that the administration of a drug be supervised in accordance with the instruction of our Physician, _____. We (I) understand that said drug is to be administered under the supervision of a member of the trained school staff, unless otherwise directed by our physician.

Further, we (I) the undersigned, agree to bring the above described drug to school in a container from the pharmacist properly labeled by same, this label to include name of the drug, student's name, physician's name, date, pharmacy name and telephone number, prescribed dosage and frequency and special handling and storage directions. A label is not required for over the counter drugs not dispensed by a pharmacist which are drugs prescribed by a physician and which are in their original container.

Administration of the prescribed drug will not be discontinued until the date set forth in the original or revised physician request form, or until the parent of the child withdraws permission of the Board to administer the drug.

The parents shall have sole responsibility to instruct their child to take the drug at the scheduled time, and the child has the responsibility for both presenting himself/herself on time and for taking the prescribed drug.

The parent/guardian, or other person having care or charge of the student shall immediately submit a revised statement to the building principal signed by the physician who prescribed the drug if changes are made to the drug treatment plan.

**Signature of Parent/Guardian: _____ Date: _____
Address of Parent/Guardian: _____
Telephone Numbers: Home: _____ Business: _____ Cell: _____

**If children are in a foster home and placement is by an agency that holds custody, agency personnel must sign. If the child is a ward, a court-appointed guardian must sign.