

ANTHONY WAYNE LOCAL SCHOOLS
NON-PRESCRIBED (OVER-THE-COUNTER) MEDICATIONS
MEDICATION ADMINISTRATION RECORD (MAR)for MONCLOVA, WATERVILLE,WHITEHOUSE

| | | |
|---|-------|------------------|
| Student Information | | School year |
| Student Name | | Date of birth |
| Student address | | |
| School | Grade | Homeroom teacher |
| List any known drug allergies/reactions | | |

THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE NONPRESCRIBED MEDICATIONS IN SCHOOL. This medication will need to be supplied by you and be provided in it's original container.

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|---------------------|
| Name of Medication: |
| Dosage: |
| Allergies: |

Parent/Guardian Authorization

| | |
|--|------------------|
| <input checked="" type="checkbox"/> I understand that according to Anthony Wayne Board of Education Policy 5330 (Use of Medication) this form must be completed by the parent prior to administration of medication by designated school personnel. <input checked="" type="checkbox"/> I authorize a designated employee of the Anthony Wayne Board of Education to administer the above medication. <input checked="" type="checkbox"/> I release and agree to hold the Board of Education, its officials and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization. . <input checked="" type="checkbox"/> I understand that the medication must be in the original container. <input checked="" type="checkbox"/> I understand that medications must be administered according to directions on the medication label. <input checked="" type="checkbox"/> I also understand that a responsible adult must deliver/pick-up the medication to/from school. | |
| Parent/Guardian Signature | Date |
| #1 Contact phone | #2 Contact phone |

Please contact the school for any questions or concerns