

**Anthony Wayne Local Schools**  
**Non-Prescribed (Over-the-Counter) Medication Administration Form**

<b>STUDENT INFORMATION</b>		School Year:
Student Name:		Date of Birth:
Address:		
School:	Grade:	Homeroom Teacher:
List known drug allergies / reactions:		

<b>The following information is necessary for any student to use non-prescribed medications at school. <u><i>This medication must be supplied by the parent/guardian and provided in its original container.</i></u></b>	
Name of Medication	Dosage
Name of Medication	Dosage

I understand that according to Anthony Wayne Board of Education Policy 5330 (Use of Medication), this form must be completed by the parent/guardian 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 for damages or injury resulting directly or indirectly from this authorization. <input checked="" type="checkbox"/> I understand that medication must be in the original container. <input checked="" type="checkbox"/> I understand that all 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
Contact #1 Name & Phone Number	Contact #2 Name & Phone Number

*Please contact your child's school with any questions or concerns.*