

MILFORD EXEMPTED VILLAGE SCHOOLS
ADMINISTRATION OF NON-PRESCRIPTION DRUGS TO STUDENTS
PARENTAL AUTHORIZATION AND RELEASE FORM

Authorization form must be on file
in the school clinic.

It is necessary that _____ (student's full name),
a student in the _____ grade at _____ (name of school)
receive _____ (name of drug), during school hours. The
non-prescription drug is to be administered at _____ (dose) and at
_____ (frequency), beginning on _____ (date) and continuing
through _____ (date).

**(NOTE: USE OF THE NON-PRESCRIPTION DRUG IS NO MORE THAN 5 TO 7 DAYS
OR 5 TO 7 DOSES WITHOUT A PHYSICIAN'S STATEMENT).**

Possible adverse reactions _____

Physician/telephone number _____

I/We are the parents(s), guardian(s), or person(s) in charge of
_____. I/We request that the Board of Education of the
Milford Exempted Village School District, or its authorized represen-
tative administer the above-named non-prescription drug to my child in
accordance with my instructions above and agree to:

1. Submit this request to the person authorized by the Board of Edu-
cation to receive such request; (building principal or assistant
principal, school nurse, health aide, or in their absence, Direc-
tor of Human Resources).
2. Make sure personally that the non-prescription drug is received
by the person authorized to administer it in the container as
purchased.
3. Submit a REVISED STATEMENT signed by parent, guardian or person
in charge of student to the person designated by the Board of
Education to receive requests for administration IF ANY OF THE
INFORMATION PROVIDED CHANGES.
4. Release the Board of Education of the Milford School District and
their designated representative from any liability concerning the
giving or non-giving of the non-prescription drug to the student.

Dated this _____ day of _____ 20_____.

Name of Student

Home telephone number

Alternate number for parent

Parent(s)/Guardian(s) Signature

Adopted: 12/18/97
Reviewed: 1998, 1999
Revised: 2001
Revised: 6/06
Revised: 3/16/07