



Madison Local School District
MES Phone (513) 420-4755, Fax (513) 420-4915
MJSHS Phone (513) 420-4760, Fax (513) 420-4914

AUTHORIZATION FOR NONPRESCRIBED MEDICATION OR TREATMENT

To the Parent:

**THE FOLLOWING INFORMATION IS NECESSARY FOR ANY STUDENT TO USE
NONPRESCRIBED MEDICATIONS IN SCHOOL. ALL SPACES MUST BE COMPLETED.**

Name of Student _____ Birth Date _____

Student's Address _____
Street City Zip Code

School _____ Class/Grade _____

A. I am requesting permission for my child named above to: (check one or both)

Use or receive the following over-the-counter medication(s):

Medication: _____

Dosage: _____

Medication: _____

Dosage: _____

Self-administer such medication(s) in the presence of an authorized staff member

B. I will assume responsibility for safe delivery of the medication to school.

C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

D. 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.

Parent/Guardian Signature _____ Date _____

Telephone during school hours _____ Other phone _____

AUTHORIZATION FOR STAFF

The following staff members are authorized to administer the above-prescribed medication(s)/treatment(s):

Signature of Principal: _____