

ADMINISTRATION OF OVERCOUNTER DRUGS  
TO STUDENTS

PARENTAL AUTHORIZATION AND RELEASE FORM

The undersigned are the parent(s), guardian(s), or person(s) in charge of

\_\_\_\_\_, student in the \_\_\_\_\_ year at the  
\_\_\_\_\_ in the Eastern School District.

It is necessary that \_\_\_\_\_ receive \_\_\_\_\_, an  
overcounter drug, during school hours. The drug is to be administered at  
\_\_\_\_\_ dosage and at \_\_\_\_\_ intervals. Beginning on  
\_\_\_\_\_ and continuing through \_\_\_\_\_.

I hereby request the Board of Education of the Eastern Local School District, or its  
authorized representative to administer the above named drug to  
\_\_\_\_\_ in accordance with the parental instructions and  
agree to:

1. Submit this request to the person authorized by the Board of education to receive such request;
2. Make sure personally that the drug is received by the person authorized to administer.  
**It must be in the container in which it was dispensed;**
3. Make sure personally that the container in which the drug is purchased is marked with the drug name and dosage;
4. Submit a revised statement to the person designed by the Board of Education to receive requests for administration if any of the information provided changes;
5. Release the Board of Education of the Eastern Local School District and their designated representative from any liability concerning the giving or non-giving of the drug to the student.

Date: \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Parent/Guardian Signature