

HILLIARD CITY SCHOOL DISTRICT  
MEDICATION AUTHORIZATION FORM - A  
PARENT/GUARDIAN AUTHORIZATION

PURPOSE: Completion of this form is necessary to comply with the Ohio Revised Code 3313.713 and Hilliard Board of Education policy.

Student Name: \_\_\_\_\_ Address: \_\_\_\_\_ DOB: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher: \_\_\_\_\_ GRADE: \_\_\_\_\_

Regulations Regarding Non-Prescription Medication-Grades 7-12

1. Students in grades 7-12 may self-administer a non-prescription/over the counter medication at the parent's discretion. The student's parent must send a note with the student stating the name of the medication, dose, time it is to be taken, date it is to be taken and then signed by the parent. This note must be presented to a administrator for their signature. The student may only carry a one day supply of medication on his/her person. No such medication shall be given to another student.

2. School personnel will not be responsible for administration or supervision of non-prescription/self administered medication.

**PART III: Grades 7-12 ONLY: Non-prescription medication (over the counter) authorization**  
Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_

Note: The student may only carry a one-day supply of medication on his/her person. No such medication shall be given to another student. School personnel will not be responsible for administration or supervision of self-administered medication.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_