

**CLEVELAND CITY SCHOOLS
PERMISSION FOR ADMINISTRATION OF
NON-PRESCRIPTION MEDICATION**

Name of Student _____

School _____ **Grade** _____

Teacher _____

Medication _____ **Dosage** _____

Purpose of Medication _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days it needs to be given at school _____

It is understood that the medication is administered solely at the request of and as an accommodation to the undersigned parent or guardian. In consideration of the acceptance of the request to perform this service by any person employed by Cleveland City School System, the undersigned parent or guardian hereby agrees to release the Cleveland City School System and its personnel from any legal claims which they now have or may thereafter have arising out of the administration of or failure to administer the medication to the student.

I hereby give my permission for _____ to take the above medication as ordered. I understand that it is my responsibility to **furnish** this medication and agree (by my signature below) that my child is competent to **self-administer** his/her medication.

Date

Signature of parent/guardian