



COLONEL CRAWFORD LOCAL SCHOOLS

2303 St. Rt. 602

North Robinson, OH 44827

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Mike Voll
Superintendent

David Sheldon
Treasurer

Web Address: <http://www.cck12.org/>

**Parental Permission for Administering
Over-the-Counter (OTC) Medication at School**

Over-the-counter (OTC) medications are drugs that do not require a prescription and are purchased "over-the-counter." This form is required before over-the-counter medications can be administered at school.

Student Name _____

Grade _____ Date of Birth _____

Medication _____

Frequency _____

Reason for Medication _____

Amount of Dose _____

**Signature of Parent/Guardian _____ Date _____

**MEDICATION WILL NOT BE ADMINISTERED IF IT HAS EXPIRED
OR
IF IT ISN'T IN ITS ORIGINAL CONTAINER WHEN BROUGHT
PLEASE CHECK THE CONTAINER PRIOR TO SENDING IT TO SCHOOL**

Permission for Disposal of unused Medication at the end of the School Year (please check one)

_____ I will pick up any unused medication at the end of the school year.

_____ Please send any unused medication home with my child. The school district will not be responsible for the medication once it is in the possession of my child.

_____ Please discard any unused medication.

**Signature of Parent/Guardian _____ Date _____
Reviewed by _____ Date _____