MARLINGTON
LOCAL SCHOOL DISTRICT
ADMINISTRATIVE OFFICES • 10320 Mount Ave., N.E.
Alliance, OH 44601 • Phone (330) 823-7458

PARENTAL CONSENT FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION AT MARLINGTON LOCAL SCHOOLS

1. NAME OF STUDENT: _____ AGE: _____
   LAST FIRST MIDDLE

2. ADDRESS: _____
   STREET CITY/STATE ZIP

3. SCHOOL DISTRICT BUILDING: _____ GRADE: _____

4. NAME OF MEDICATION & DOSAGE: _____

5. TIMES AT WHICH MEDICATION IS TO BE GIVEN: _____

_____

_____

NOTE: ONLY MEDICATION IN IT ORIGINAL BOTTLE OR CONTAINER LABELED WITH THE NAME AND DOSAGE WILL BE ADMINISTERED.

_____
PARENT/GUARDIAN'S SIGNATURE

PARENT PHONE: _____

DATE SIGNED: _____

Adopted: 01-15-85
Revised: 07-13-99

Tradition of Excellence; Commitment to the Future