

OAKWOOD SCHOOL DISTRICT
LICENSED MEDICAL PROVIDER'S REQUEST FOR
THE ADMINISTRATION OF MEDICATION AT SCHOOL

(In accordance with ORC 3313.713 and SUB SB No. 164)

**PART I: MEDICATION TO BE TAKEN AT SCHOOL
TO BE COMPLETED BY A LICENSED MEDICAL PROVIDER**

1. Name of student _____
2. Address of student _____
3. Name of medication to be administered _____
4. Dosage _____ Time to be given at school _____
5. Possible reactions that, if they occur, should be reported to the physician: _____

6. Special instructions for administration of medication, including sterile conditions and storage requirements _____

7. Date administration begins _____
8. Medication to be continued as above until _____
9. Licensed medical provider's name and address (please print) _____

10. Licensed medical provider's telephone number _____
11. Licensed medical provider's emergency telephone number _____
12. Licensed medical provider's signature _____ Date _____

**PART II: PERMISSION TO CARRY ASTHMA INHALER/EPINEPHRINE TO BE COMPLETED BY A
LICENSED MEDICAL PROVIDER**

(If requesting permission to carry an inhaler/Epinephrine, the following section must be completed in addition to Part I)

The law permits a student to carry an asthma inhaler/Epinephrine with the consent of the student's licensed medical provider and parent.

As the prescriber, I have determined that this student is capable of possessing and using this inhaler/Epinephrine (circle one) appropriately and have provided the student with training in the proper use of the inhaler/Epinephrine. The student has been instructed to immediately notify a staff member or responsible adult when the inhaler/Epinephrine is used.

911 will be called if the Epinephrine is used

Procedures to follow in the event that the asthma inhaler/Epinephrine does not produce the expected relief _____

Licensed medical provider's signature _____ Date _____

Nurse's signature _____ Date _____