

Ottawa Hills Schools

Administration of Medication Form
(As required by Section 3313.713 of the Revised Code)

Student's Name: _____

Grade: _____ Date: _____

Allergies (for Epi Pen use) _____

Physician and Drug Information:

*Name and dosage of drug to be administered: _____

Times at which drug is to be administered: _____

Date administration of drug is to begin: _____ To end: _____

Any adverse reaction that should be reported to the physician: _____

Special instructions for administration of drug, including sterile conditions and storage: _____

Expiration date of this request (limited to one school year): _____

Physician's Name (printed): _____ Phone #: _____

Physician's Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Phone Numbers: Home _____

Cell _____

Cell _____

Additional contacts _____

* New request forms must be submitted each school year and whenever the medication or dosage is changed.

At both the elementary and the high school, all drugs are to be taken to the principal's office.

Parents are requested to send the prescribed drug in its' original containers.

PLEASE RETURN THIS COMPLETED FORM TO THE STUDENT'S SCHOOL EITHER VIA PARENT OR MAIL.