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 FOR TO THE STUDENT’S SCHOOL EITHER VIA
PARENT OR MAIL.

(Form updated 8-30-2010) Ottawa Hills Local School District, Toledo, Ohio