



Administration of Prescription Medication at School

Northmont City Schools
4001 Old Salem Road
Englewood OH 45322

The following information is necessary for any student to use prescribed medications or to receive treatment in school.

_____	_____	_____	
Name of Student	Date of Birth	School Building	
_____	_____	_____	
Address	Grade	Team/Teacher	
A. I am requesting permission for my child named above to use or receive prescribed medication.			
B. I will assume responsibility for safe delivery of the medication to school. The medication must be received by the school in the original package as dispensed by prescriber or a licensed pharmacist. The label must match the order.			
C. I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment. (You must submit a revised form, signed by the prescriber, if any of the information contained in this statement changes.)			
D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable for damages or injury resulting directly or indirectly from this authorization.			
_____	_____	_____	_____
Parent/Guardian signature	Date	Daytime Phone	Cell Phone

The School District requires all of the following information be provided before it will administer medication or treatment to the student.

Name of medication: _____ Dose: _____ Route: _____

Time and frequency to administer medication: _____ Date the administration of the medication is to: _____

Begin: _____ End: _____

Special instructions for administration of the medication: _____

Possible reactions that, if occur, should be reported to the physician: _____

I am a licensed health care professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student.

Physician's signature Address/Phone Date

Disclaimer: The School District has the right to determine if a medication is appropriate for use in the school environment. This form is valid for one (1) school year.