

**PARENT CONSENT AND PHYSICIAN ORDER
FOR ADMINISTRATION OF MEDICATION IN THE SCHOOL**

PARENT CONSENT

I hereby request and give permission to the principal or his/her designee to supervise administration to my child _____ the medication and/or medical procedure _____ as prescribed by Dr. _____ in the stated order below.

I agree that the school will receive the medication in its original container and label. In the event medical supplies are required to perform a prescribed procedure I agree to provide them to the school in a labeled container.

Parent Signature _____ Date _____

Address _____

School _____ Grade _____

PHYSICIAN'S ORDER

(Note: All blanks must be completed)

STUDENT'S NAME _____ **Date** _____

I. MEDICATION _____

Route _____

Dosage _____

Time of Administration _____

Start Date _____ Stop Date _____

Adverse effects which should be reported to the physician _____

Special instructions for administering medications and/or storage requirements _____

II. MEDICAL PROCEDURE _____

Time for procedure _____

Start Date _____ Stop Date _____

Special instructions for cleaning and storage of equipment and sterile requirements _____

III. PHYSICIAN'S NAME _____

Physician's signature _____ Date _____

Business Address _____

Business Telephone Number _____

**WESTLAKE CITY SCHOOLS
24525 HILLIARD BOULEVARD
WESTLAKE OHIO 44145**

ADMINISTERING MEDICINE TO STUDENTS

In compliance with Ohio Law mandating strict policy and procedures regarding the administration of medication in the school setting, the Westlake Board of Education requires adherence to the following:

1. If possible, all medication should be given by the parent at home. If this is not possible, parents may come to school to administer medication to their child. **School personnel will be permitted to administer medications only when no alternative is available.** For the purpose of this policy the term medication is defined as **any prescription or nonprescription/over-the-counter medicine.**
2. The board approved **Parent Consent and Physician order form** must be on file in the school office. This form complies with Ohio Revised Code 3313.73. All sections of the form must be completed.
3. Parent/guardian will provide a separate form for each medication
4. Parent/guardian will provide a revised form if there is any change in information.
5. Medication shall be received by the school in the container in which it was dispensed by the pharmacy. It must have a label affixed which includes:
 - a. Student's name
 - b. Name of medication
 - c. Dosage
 - d. Frequency of administration
 - e. Name and telephone number of pharmacy
6. Parent/guardian is required to transport medication to and from school.
7. A new **Parent Consent and Physician Order Form** must be provided each school year.
8. The school nurse will be contacted when there are any questions about the type of medication, its administration, or possible side effects. At no time will medication be administered or taken at school when there are unanswered questions.