MEDICATION ORDER FORM

Please return the completed form to the school nurse

District policy requires consent of the parent/legal guardian and a written order from the licensed prescriber before medication can be given to a student by school personnel. This includes over-the-counter medication. Medication must come to school in the original container with the affixed label from the pharmacist. Prescription medication must show the student's name, name of medication, dosage directions, licensed prescriber's name, and rx number (if there is one). A written order from the licensed prescriber is required for a student to carry an inhaler or Epi-Pen. The following information is necessary in order to comply with this policy.

All requested information and fields must be completed.

TO BE COMPLETED BY A LICENSED PRESCRIBER (M.D, DO, NP, DMD, DDS, etc):

STUDENT NAME: **STUDENT BIRTH DATE:**

GRADE: **HOMEROOM:** **TEACHER:**

This student is under my care for (diagnosis) _____

Medication	Dosage	Time	Duration	Route	Side Effects to Notify Physician of

Special Instructions:

_____

Licensed Prescriber Signature:_____ **Date:**_____

Licensed Prescriber Office Phone:_____ **Licensed Prescriber Address:**_____

AUTHORIZATION FOR STUDENT POSSESSION AND USE of EPINEPHRINE AUTOINJECTOR (EpiPen, AuviQ) or INHALER:

To be completed by students physician/Health Care Provider: _____Date_____
Licensed Prescriber signature

Student to Carry Medication? Yes _____ No_____(Applies to emergency medications only- Epi-pens and inhalers)

Student to Self-Administer Medication? Yes_____No_____("Yes" indicates student has been instructed in proper use, expected results and possible side effects of medication)

TO BE COMPLETED BY THE PARENT / GUARDIAN:

I give permission for the principal or his/her designee to administer the medication as prescribed above to my child. I also agree to:

1. Notify the school if the medication or dosage is changed, if alternate dosing is required (late arrival) or if stopped. (Note: If your child does not take a daily scheduled medication for more than 30 days, a new order from the doctor will be required)
2. Grant permission for the school nurse to confer with the above physician/medical authority regarding the child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs
3. Provide safe transportation of the medication to and from school. Medication must be given directly to a school official.
4. If authorization to carry Epi-Pen is completed by the physician/medical authority, the parent **must** provide a backup dose of Epi-Pen (Ohio Revised Code 3313.718) Emergency medical services will be called if Epi-Pen is administered.
5. If physician has written order for the student to carry an inhaler, the parent is requested to provide a backup inhaler
6. Parents are requested to contact the school nurse promptly, in the event that AM medication dosing is given later than typically scheduled and might conflict with a dose provided at school (i.e, late start days, inclement weather days, etc).

_____ Yes, I will provide a backup inhaler _____ No, I decline the need to provide a backup inhaler

NOTE: Students may not transport medication, unless physician has completed written order to carry epinephrine autoinjector or inhaler

Parent Signature:_____**Date:** _____**phone:**_____

TO BE COMPLETED BY PRINCIPAL/ ASSISTANT PRINCIPAL:

PRINCIPAL/ASSISTANT PRINCIPAL APPROVAL: _____

SIGNATURES OF PERSONS AUTHORIZED TO GIVE MEDICATION:

_____ _____ _____