Authorization for Administration of Medication by School Personnel And for Procedures

(As required by Section 3313.713 Ohio Revised Code)

Student Name: _____ Date of Birth _____
Address: _____
School: _____ Grade: _____ Homeroom Teacher: _____

Parent/Guardian Section

Please review the following steps required for permission of school personnel to administer any medication to your child and sign this section:

1. This form must be completed by both the parent (top section) and the licensed prescriber (bottom section).
2. Medication must be kept in the student's **labeled prescription bottle.** (Pharmacy will provide an extra bottle for long-term medication). **Prescription label must match the instructions from the prescriber.** If it is a non-prescription medication, **it must be in the original container.**
3. New forms must be submitted each school year and for **each** new medication. New forms must be submitted when any changes in the original form occur. (For example: changes in dose, time, strength etc.) New forms must also be submitted for treatment and procedures needed by student.
4. Parents must supply all medications and supplies needed for student specific treatments. (For example: gastric tube feedings, catheterizations, etc.

When possible, give the medication outside of school hours. For example, a medication that is prescribed 3 times per day, might be given before school, immediately after school, and before bedtime. Please contact the nurse in your child's building, if you have any questions.

Parent/Guardian Signature: _____ Date: _____

Licensed Prescriber Section

I verify that this medication must be taken by: _____
(Name of Student)

Diagnosis for which medication is prescribed: _____

Medication/Procedure: _____ Strength: _____
(One medication/procedure per form)

Medication: _____ Time Medication is to be taken at school: _____
(Dosage/Frequency)

Administration Start Date: _____Expiration Date: _____
(If not limited, will expire at end of school year.)

Instructions for precautions, including possible side effects:_____
_____

In the case of Asthma inhalers, Epipens, Glucagon Injections, has the student been instructed how to self-administer medication? _____ If yes, by whom? _____
Date instructed: _____

Licensed prescriber signature: _____ Date: _____

Printed Licensed prescriber name: _____ Phone: _____