



Bexley City School District, 348 S Cassingham Road, Bexley OH 43209
 Health Office Ph: Cassingham Complex 237-4309 ext 3146; Montrose 237-4226; Maryland 237-3280
 Fax: Cassingham Complex 338-2090; Montrose 338-2088; Maryland 338-2080

NON PRESCRIPTION MEDICATION AUTHORIZATION FORM

Student _____ DOB _____
 Address _____
 School _____ Grade _____ Teacher _____

_____	Should have
(Name of student)	
_____	_____
(Name of medication)	(Dosage)
AS NEEDED and IF REQUESTED BY STUDENT	
FOR: _____	
(Reason for giving med –example “for Headache”)	

OHIO REVISED CODE 3313.713 (E)

In accordance with Ohio Revised Code 3313.713 (E) this completed form is required in order for drugs to be administered to students during the school day by school authorized persons. Per the statute, “no person who has been authorized by a board of education to administer a drug, and has a copy of the most recent authorization form is liable in civil damages for administering or failing to administer the drug, unless such person acts in a manner that constitutes gross negligence or wanton or reckless misconduct.”

I have read and understand the above statement.

Parent/Guardian Signature _____

Date _____ Phone _____

**THE HEALTH OFFICE STAFF WILL NOTIFY PARENT/GUARDIAN EACH TIME THE MEDICATION IS GIVEN
 TO AVOID DUPLICATION OF MEDICATION**

ADMINISTRATION OF MEDICATION

1. Designated persons employed by the Board are authorized, in conjunction with Board policy, to administer to a student a drug prescribed by a physician for the student.
2. No drug prescribed by a physician for a student can be administered pursuant to these regulations or pursuant to the Education for All Handicapped Act unless the following occur:
 - A. The Board, or a person designated by the Board, received a written request, signed by the parent, guardian, or other person having care of charge of the student, that the drug be administered to the student. It is advised that the medication in its **original container** and the signed permission forms be brought to the school by the parent/guardian for elementary students.
 - B. The Board, or a person designated by the Board, receives a statement, signed by the physician who prescribed the drug, that includes **ALL** of the following information:
 1. The name and address of the student
 2. The school and class in which the student is enrolled
 3. The name of the drug and the dosage to be administered
 4. The times or intervals at which each dosage of the drug is to be administered
 5. The **Date** the administration is to **Begin**
 6. The **Date** the administration is to **Cease**
 7. Any severe adverse reactions that should be reported to the physician and one or more phone numbers at which the physician can be reached in an emergency
 8. Special instruction for administration of the drug, including sterile conditions and storage
 - C. The parent, guardian, or other person having care or charge of the student agrees to submit a revised statement signed by the physician who prescribed the drug to the Board, or a person designated by the Board, **if any of the information provided by the physician as described above changes.**
 - D. The person authorized by the Board to administer the drug receives a copy of the statement described above.
 - E. The drug is received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or a licensed pharmacist and have an affixed label including the student's name, name of medication, dosage, route and time of administration, physician's name, and date prescription filled.

A complete copy of the Board Policy and Regulations is available at bexley.us and in each library in the district.