

## Authorization for the Administration of Prescription Medication by School Personnel

As required by Section 3313.713 Ohio Revised Code

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

### 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. Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
2. Medication must be provided in the student's labeled prescription bottle. (The pharmacy may provide an extra bottle for long-term medication.) The prescription label must match the instructions from the prescriber.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.
4. New forms must be submitted when there is a change in the original forms. (i.e. dose, time)

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Number: \_\_\_\_\_

### Licensed Prescriber Section

I verify that this medication must be taken by: (Student's Name) \_\_\_\_\_

Diagnosis for medication prescribed: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Time Medication to be given: \_\_\_\_\_

Administration Start Date: \_\_\_\_\_

Administration End Date: \_\_\_\_\_

Special instructions, including side effects and storage: \_\_\_\_\_

Licensed Prescriber Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student to self-carry and self-administer Epi-Pen: \_\_\_\_\_ (Prescriber Initials) Date: \_\_\_\_\_

Student to self-carry and self-administer Inhaler: \_\_\_\_\_ (Prescriber Initials) Date: \_\_\_\_\_