



Fax: (330)725-5870, PH: (330)725-8461

Authorization for the Administration of Prescription Medication By School Personnel

As required by Section 3313.713 Ohio revised Code

Student Name

Date of Birth

Address

Student's Program

Grade

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. If it is a non-prescription medication, it must be in the original container.
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).
5. At the end of the school year, the parent should pick up any unused medication. Otherwise, the Career Center will dispose of any unused portions.

I request that medication be administered to my son/daughter according to the directions of the licensed prescriber in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when deemed necessary by school personnel.

Signature of Parent

Date

Home Phone Number

Work or Cell Phone number

LICENSED PRESCRIBER SECTION

I verify that this medication must be taken by: _____
Student

Diagnosis (reason) for which medication is prescribed:

Medication

Strength

Dose

Time Medication to be taken

Administration Start Date

Administration End Date

Instructions or precautions, including possible side effects and storage:

Licensed prescriber signature

Licensed prescriber printed name

Date

Student to self-carry and self-administer Epi-Pen:

Licensed prescriber Initials

Date