

PERMISSION FORM FOR MEDICATION

TO BE ADMINISTERED BY SCHOOL/HEALTH DEPT PERSONNEL, MEDICATION TO BE KEPT IN CLINIC
 TO BE ADMINISTERED & CARRIED BY STUDENT (MUST BE IN 5TH GRADE OR OLDER, ONLY A ONE DAY SUPPLY CARRIED, OVER-THE-COUNTER MEDS ONLY EXCEPT FOR INHALERS, EPI PENS OR INSULIN & THEY MUST SIGN BELOW***)
(check one)

*For: Over-the-Counter Medications fill out **Table I**
All Prescription medications (including inhalers) fill out **Tables II and III***

Student _____ Date of Birth _____

Address _____

Teacher/Room # _____ Grade _____ School _____

Table I. TO BE COMPLETED BY PARENTS/GUARDIANS: (over -the-counter medication)

ALL SPACES MUST BE COMPLETED

I am requesting for my child named above to take the following over-the-counter medication at school according to school district policy and agree to:

- Assume responsibility for safe delivery of medication to and from school
- Supply medication in original container
- Have a form completed for any medication changes or for any new medication
- Release and agree to hold the Board of Education and all school employees harmless from any and all liability for damages or injury resulting from the use, misuse, or non-use of such medication.

Name of Medication _____ Reason for Medication _____

Form of Medication treatment: tablet/capsule liquid nasal spray topical lotion drops

Instructions:

Dose _____ Time to be Given _____

Start date _____ End Date _____

Parent/Guardian _____ **Date** _____

Signature _____ cell phone # _____

Home telephone # _____ work telephone # _____ pager # _____

*****For 5TH thru 12th grade students carrying own medication:** I will assume the responsibility for safe usage of the above named medication. In agreement with the district policy, I will not administer this medication to fellow students, for this would be grounds for suspension.

Student Signature: _____

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

In order to administer prescription drugs to students in the public school, there must be compliance with O.R.C. S3313.713, which requires information from both the parent and the child's physician. Therefore, the parents and physician must fill out the back of this form completely. The form must be on file with the Principal before any prescription drug can be administered in school.

Table II. TO BE COMPLETED BY PARENT/GUARDIAN (Prescription) ALL SPACES MUST BE COMPLETED

I give permission for my child _____ to receive prescription medication at school according to school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the medication to the school.
- Have a new form completed by the physician if medication or dosage is changed.
- Notify the school if we change physicians.
- Prescription must be received in original container in which it was dispensed by pharmacy.
- I release and agree to hold the Board of Education and all school employees harmless from any and all liability for damages or injury resulting from the use, misuse, or non-use of such medication.

Parent/Guardian Names _____ Date _____

Signature _____ cell phone # _____

Home telephone # _____ Work telephone # _____ pager # _____

PHYSICIAN NOTE: CONTROLLED SUBSTANCES II THRU V ARE NOT TO BE SELF-ADMINISTERED

STUDENTS 5TH GRADE THRU 12TH GRADE CAN ADMINISTER THEIR OWN PRESCRIPTION MEDICATION WITH WRITTEN CONSENT BY PARENTS & PHYSICIAN FOR INHALERS, EMERGENCY MEDS & INSULIN.

Table III. TO BE COMPLETED BY PHYSICIAN: (Prescribed Medications)

Name of Medication _____

Reason for Medication _____

Form of Medication treatment _____

Tablet/Capsule Liquid Inhaler Injection Nebulizer Other

Instructions:

Dose _____ Time Given _____

Start Date _____ End Date _____

Severe adverse reactions to be reported to physician _____

Special Instructions (Storage, Administration) _____

Physician's Signature _____ Date _____

Physician's Name _____ Phone Number _____

Address _____

The above named student is under my care and should be allowed to carry and administer their personal medication. This student has been instructed and demonstrates knowledge of the proper circumstances in which this medication should be administered, as well as the proper care and storage and administration.