

**ADMINISTRATION OF MEDICATION AT SCHOOL**

**In accordance with 3313.73, 3313.716 Ohio Revised Code for Vermilion Local Schools**

School policy requires consent of the parent/legal guardian and a written statement from the licenses prescriber before school personnel can give medication to a student. The following information is necessary in order to comply with this policy. ALL REQUESTED INFORMATION MUST BE COMPLETED IN FULL. Please return the completed form to the school office.

STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PHYSICIAN

Student is under my care for (diagnosis): \_\_\_\_\_

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

At the following times: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Any adverse reactions that should be reported to Physician: \_\_\_\_\_

IF PRESCRIBING AN ASTHMA INHALER OR EPI PEN:

\*Authorization for student to carry inhaler OR epi pen: \_\_\_\_\_ YES \_\_\_\_\_ NO

\*Prescriber has determined that the student is capable of possessing and using appropriately: \_\_\_\_\_ YES \_\_\_\_\_ NO

\*Prescriber has trained the student in the proper use: \_\_\_\_\_ YES \_\_\_\_\_ NO

\*Any adverse reactions to student or unauthorized user that should be reported to the physician: \_\_\_\_\_

\*Procedure to follow in the event that the inhaler or epi pen does not produce relief: \_\_\_\_\_

**\*If the student is to possess an epi pen for self injection, a SECOND back up pen MUST be in the possession of the school nurse/staff.** These are requirements as of March 1, 2007 as per ORC Sec. 3313.718.

\_\_\_\_\_  
Physician's Printed Name Phone

\_\_\_\_\_  
Physician's Signature Date

PARENT

**MEDICATION MUST COME TO SCHOOL IN THE ORIGINAL CONTAINER WITH THE AFFIXED LABEL FROM THE PHARMACIST. THE LABEL MUST SHOW THE STUDENT'S NAME, THE NAME OF THE MEDICATION, THE DOSAGE DIRECTIONS, THE LICENSED PRESCRIBER'S NAME AND THE RX NUMBER (IF THERE IS ONE).**

I request that medication be administered as instructed by my child's physician/dentist. I understand that a new form must be submitted each school year and whenever the medication or dosage is changed. I am required by Ohio law to provide the school with the medication in the original container as dispensed by the pharmacists.

I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization.

\_\_\_\_\_  
Parent Signature Date Parent Emergency Daytime Phone