



Authorization for Dispensing of Prescription Medication

(In accordance with Ohio Revised Code 3313.713)

The use of medication during school hours is discouraged. Use this form if it is essential a student receive medication during the school day.

This section is to be completed by the parent or guardian.

Student's Name _____ Grade/Homeroom _____

Address _____ Date of Birth _____

I request school personnel to administer the medication as instructed and agree to 1) deliver the medication to the school in the original container (which shows the name of the medicine, child's name, and clear instructions on amount to give, route to give, and how often to give); 2) notify the school if I change physicians, or if the medication is changed or eliminated; 3) NO medication is to be put in the possession of a student. All medications must be brought to the nurse through the main office; 4) cough drops are permitted if a parental permission slip is provided.

The undersign agree not to file or make any claim against anyone for negligence in connection with the administration or non-administration of any medications and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medications.

I give my permission for the principal or her/his designee to administer the prescribed medication.

Parent/Guardian Signature _____ Date _____

This section to be completed by the child's physician

Name and Strength of Medication: _____

Dosage: _____

How Administered: _____

Date to Begin Administering Medication: _____

Date to Terminate Administering Medication: _____

Possible Side Effects: _____

Physician: _____ Phone Number: _____

Physician's emergency telephone number: _____

List and special conditions for storage of drug: _____

Physician's Signature: _____ Date: _____

THIS PERMISSION IS NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR