

*Authorization for Administration of Medication by School Personnel*  
*As required by Section 3313.713 Ohio Revised Code*

_____		_____	
Student Name		Date of Birth	
_____		_____	
Address	City	ZIP	Phone
_____		_____	
School	Grade	Teacher	

***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.

- ◆ Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
- ◆ 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.
- ◆ New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in the dose, time, etc.)

**I request that medication be administered to the student listed above 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.**

_____	_____	_____
<i>Signature of Parent/Guardian</i>	<i>Phone</i>	<i>Date</i>

***Licensed Prescriber Section***

I verify that this medication must be taken by: \_\_\_\_\_  
Name of Student

\_\_\_\_\_

Diagnosis for which medication is prescribed

_____	_____	_____	_____
Medication	Strength	Dose/Quantity	Route

_____	_____	_____
Time(s) medication is to be taken <u>at school</u>	Administration Start Date	Expiration Date

Instructions or precautions, including possible side effects: \_\_\_\_\_

\_\_\_\_\_

_____	_____
<i>Licensed prescriber signature</i>	<i>Phone</i>

_____	_____
<i>Licensed prescriber printed name</i>	<i>Date</i>