

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

STUDENT _____ DOB _____ GRADE _____

ADDRESS _____ TELEPHONE _____
Street City State Zip**TO BE COMPLETED BY THE STUDENT'S LICENSED PRESCRIBER**The above mentioned student is under my care for (**diagnosis**): _____

Medication, Dosage, and Route _____

At the following times _____

Starting date: _____ Expiration date of this request: End of school year ☐ Other date: _____

Special Instructions: _____

Possible side effects: _____

IF PRESCRIBING AN ASTHMA INHALER or EPI PEN:

*Authorization for student to carry inhaler _____ Yes _____ No
*Prescriber has determined 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 inhale does not produce relief: _____

*Authorization for student to carry Epi pen _____ Yes _____ No
*Prescriber has determined 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 inhale does not produce relief: _____

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

Licensed Prescriber **Printed Name** Address
X _____ / _____
Licensed Prescriber Signature Date Phone Number Emergency Number

MEDICATION MUST COME TO SCHOOL IN THE ORIGINAL CONTAINER WITH THE AFFIXED LABEL FROM THE PHARMACY. 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).

TO BE COMPLETED BY THE PARENT/GUARDIAN:

I give my permission for the principal or his/her designee to administer the medication as prescribed above to my child and further agree to the following:

1. Submit to school personnel a revised statement signed by the licensed prescriber of the above medication when any change in the original statement (order) occurs.
2. Submit to school personnel a written statement when medication, given on a daily or as needed basis, has been discontinued.
3. Grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
4. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
5. Provide safe transportation of the medication to and from school. (Drugs are not permitted to be transported on school buses)

X _____
Parent/Guardian Signature Date Parent Emergency Day Phone Number

THIS PERMISSION FORM IS NO LONGER VALID AFTER THE END OF THE CURRENT SCHOOL YEAR.