

**PRESCRIBED MEDICATION AUTHORIZATION
FOR THE ADMINISTRATION OF PRESCRIBED MEDICATION BY SCHOOL
PERSONNEL**

(As required by Section 3313.713 Ohio Revised Code)

Student Name Date of Birth

School Grade Teacher

PARENT/GUARDIAN SECTION

Please review the following required steps giving permission to school personnel to administer any prescribed medication to your student. Please sign this section.

1. Both the parent (top section) and the licensed prescriber (bottom section) must complete this form. The prescribed medication and completed permission form must both be in the school clinic *before* any medication can be administered by school personnel.
2. Medication must be provided in the student's labeled original prescription bottle. The prescription label must match the instructions from the prescriber.
3. The parent must assume responsibility for the safe delivery of the medication to the school. Students are not to bring medication on the bus to be delivered to school.
4. New forms must be submitted each school year and for each new medication to be given. New forms must be submitted when any changes in the original form occur such as changes in the dose or time.

I request that this medication be administered to my student 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.

Parent Signature Date

LICENSED PRESCRIBER SECTION

I verify that this medication must be taken by _____
Student's Name

Diagnosis for which medication is prescribed

Medication Strength Dosage

Time medication is to be taken Start date End date

Instructions or precautions, including possible side effects

Licensed prescriber signature Date

Licensed prescriber printed name Phone number



PRESCRIBED MEDICATION POLICY

If a student is on a prescribed medication when they first attend the Career Center, the medication should be listed on the Emergency Medical Form.

If the medication is newly prescribed, the student must have the following:

- the prescription bottle that details the name of the drug
- name of the student
- the dose
- the number of times to be taken each day
- written permission from the parent or guardian stating that they are knowledgeable of the medication.

ALL MEDICATIONS MUST BE KEPT IN THE CLINIC AT ALL TIMES.

Thank you,

Betsy Lautzenheiser, RN, BSN

School Nurse

330-832-9856 ext. 2318

Please see other side for **PRESCRIBED MEDICATION AUTHORIZATION** form.
*This form **MUST** be completely filled out for any prescribed medication to be distributed.*