



Deer Park Community City Schools
Authorization for the Administration of Medication by School Personnel
As required by Section 3313.713 Ohio Revised Code

_____	_____
Student's Name	Date of Birth
_____	_____
School	Grade
_____	_____
	School Year

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:

1. Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
2. 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.
3. **New forms must be submitted each school year and for each new medication.** New forms must be submitted when any changed in the original form occur (for example, changed in dose, time, etc.).

I request that medication be administered to my son/daughter according to the direction 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: _____
 Name of the student

Diagnosis for which medication is prescribed: _____

_____	_____	_____
Medication	Strength	Dose

_____	_____	_____
Time medication is to be taken	Administration state date	Expiration date

Instructions or precautions, including possible side effects _____

_____	_____
Licensed prescriber signature	Date

_____	_____
Licensed prescriber print	Phone number



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Use of Medication Guidelines

Students, who must take medications* during the school day, **must** comply with the following guidelines:

- Parents should, with the help of their provider, determine if the medication schedule can be adjusted to avoid giving medication during school hours.
- The *Authorization for the Administration of Medication by School Personnel* form must be completed by the parent and health care provider.
 - **This form must be completed at the beginning of each school year and for each new medication*.**
- The nurse will review and approve the forms before the student will be allowed to take any medication or self-administer asthma or allergy medications during school hours.
- **All medications must be delivered by the parent/guardian or another responsible adult appointed by the parents or guardian, to the nurse or office secretaries.**
 - Students **MAY NOT** bring medications to school
 - Medications brought to the office will be properly secured
- All medications must be in the original container in which they were purchased or dispensed by the pharmacy.
- Students may carry emergency allergy medications (Epinephrine Pens) and asthma inhalers **ONLY** after proper self-administration forms are on file with the nurse.
- Students are strictly prohibited from transferring medication or inhalers to any other student for their use or possession.
 - No sharing medications or allowing another student to carry an inhaler or emergency medication for them.

*For the purposes of this policy, “medication” shall include ALL medications including those **prescribed** by a health care providers and any **non-prescribed** or **over the counter** drugs, creams, preparations and/or remedies