

Authorization for the Administration of Medication by School Personnel

Fairbanks Local Schools

As required by Section 3313.713 Ohio Revised Code

Student Name _____ Grade _____ Teacher _____ Date of Birth _____

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. The following information must be completed properly and signed before administration of medication is to begin.
2. Prescribed medication - need prescriber and parent/legal guardian to complete/sign form.
3. Over the counter medication - only the parent/legal guardian need to sign.
4. Medication must be provided in the original store container or student's labeled prescription bottle.
5. New forms must be submitted each school year and for each new medication.
6. Unless agreed upon by the Principal, all medication will be locked in one designated place
7. Students/bus drivers are NOT TO TRANSPORT any medication, including over-the-counter, to school.

I request that the following:

OTC medication be administered to the above-mentioned student according to my directions.
Prescribed medication from the licensed prescriber in the following section be administered to the above-mentioned student.

I also authorize the exchange of information, when deemed necessary, regarding the prescribed medication between the licensed prescriber and the following school staff checked.

(Check all that apply)

Principal School Secretary Guidance Counselor Child's Teacher Nurse

OTC medication to be taken: Dosage: Frequency:

Reason

Parent/Guardian Signature Date

LICENSED PRESCRIBER SECTION

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

Diagnosis for which medication is prescribed

Medication Dosage Frequency

Administration start date Expiration date

Instructions or precautions, including possible side effects:

Physician's signature (only) Date

Physician's printed name Phone