



Christ-Centered 21st Century Education

Prescription Medication Permission Form

(In accordance with Ohio Revised Code 3313.713)

The use of medication during school hours is discouraged. Use this form if it is essential a student receive medication during the school day.

This Section to be Completed by the Parent or Guardian

Student's Name _____ Date of Birth _____ Grade _____

Student's Address _____

I request school personnel to administer the medication as instructed and agree to (1) deliver medication to the school in the original container and to (2) notify the school if I changed physicians or if the medication is changed or eliminated. I understand it is the student's responsibility to report on time for their medication. I understand that if the physician orders an asthma inhaler for self-administration that I should provide a second inhaler to be stored in the student clinic (in the event the student forgets his/her inhaler) and that the student should report use of the inhaler to the nurse for assessment of effectiveness. I agree to hold the school employees and the Board of Education free from all responsibility for the results of such medication.

Parent/Guardian Signature _____ Date _____

Phone (during school hours) _____ Other Phone _____

This Section to be Completed by the Physician

Medication _____ Date of Authorization _____

Dosage _____ Time(s) to be Given _____

Date to Begin _____ Date to End _____

Adverse Reactions to be Reported _____

Special instructions: Administration _____ Storage _____

If the student is to carry an asthma inhaler for self-administration, complete this section:

Procedure to follow if asthma symptoms are not relieved: _____

Adverse reaction if used by unauthorized person: _____

The student has been instructed in the proper use of the inhaler, the expected results and possible side effects, and is capable of carrying and self-administering the medication.

Name of Physician (print) _____

Physician's Signature: _____

Physician's Emergency Phone: _____ Other Phone: _____