



Medina Christian Academy
3646 Medina Rd.
Medina, Ohio 44256
Tel (330)725-3227
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Authorization for the Administration of Prescription Medication by School Personnel

Student Name: _____ Date of Birth: ____/____/____

Address: _____ City: _____ State _____ Zip _____

Parent/ Guardian Section

Please review the following steps required for permission of school personnel to administer any medication to your child.

Sign this section:

- 1. Both the parent and the licensed prescriber must complete this form
2. Medication must be provided in the student's labeled prescription bottle.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless...
4. New forms must be submitted when there is a change in the original form.

Signature of Parent: _____ Date ____/____/____

Home Phone: _____ Cell: _____

LICENSED PRESCRIBER SECTION

Diagnosis for which medication is prescribed: _____

Medication: _____ Strength: _____ Dose: _____

Time Medication is to be taken: _____

Administration Start Date: _____

Administration End Date: _____

Instructions or precaution, including possible side effects and storage:

Student to self-carry and self-administer EPI-PEN

YES NO checkboxes

Student to self-carry and self-administer Inhaler

YES NO checkboxes

Licensed Prescriber Signature

Licensed Prescriber Printed Name

Date