



Authorization for the administration of prescription medication by school personnel as required by section 3313.713 Ohio Revised Code

Student Name _____ D.O.B _____ Grade _____

Address _____

Parent/guardian Section

Please review the steps required for permission of school personnel to administer any prescription medication to your child and sign this section.

1. Both the parent (top section) and 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)
3. I release and agree to hold the Board of Governors, its officials, and its employees harmless from any and all liability foreseeable and unforeseeable for any damages or injury resulting directly or indirectly from this authorization.
4. New forms MUST be submitted when there is a change in the original forms (dose, time etc)

Signature of parent/guardian _____ Date _____

Home phone number _____ Work number _____ Cell _____

Licensed Prescriber Section

I verify that this medication must be taken by _____

Diagnosis for which medication is prescribed _____

Medication _____ Strength _____ Dose/route _____

Time to be taken _____ Start date _____ Stop date _____

Instructions or precautions, including side effects and storage _____

Licensed Prescriber Signature _____ Print Name _____

Date _____

Student to self carry and self administer Epi-Pen: _____ **Date** _____

Student to self carry and self administer inhaler: _____ **Date** _____