Pickerington Preschool

AUTHORIZATION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

(as required by Section 3313.713 Ohio Revised Code)

Name of Student _____ Date of Birth _____

School _____ Teacher _____

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

1. For prescription and non-prescription medications, both the parent's signature and physician's signature are required.
3. Medication must be provided in the student's label prescription bottle. (The pharmacy may provide an extra bottle for long-term medication). The prescription label must match the instructions from the physician. If it is a non-prescription medication, it must be in the original container.
4. New forms must be submitted after each school year and for each new medication. New forms must be provided when any changes in the original form occur (for example, changes in the dose, time, etc.)
5. Transportation of medication to and from school is the parent's responsibility, including the recovery of any medication not administered by the school. Medication must be picked up at the end of the school year or will be disposed of by the school.

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

Condition for which it is used: _____

Medication _____ Strength _____ Dose _____

_____ _____ _____

Time medication is to be taken _____ Administration Start Date _____ Expiration Date _____

Instructions or precautions including possible side effects: _____

Action to be taken if side effects observed: _____

Physician/licensed prescriber signature _____ Date _____

Physician/licensed prescriber printed name _____ Phone _____

I request that medication be administered to my son/daughter according to the direction of the physician and/or myself in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when necessary by the school personnel.

I release and agree to hold the Pickerington Local Schools Preschool, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Signature of Parent/Guardian _____ Date _____

STOP! For School Use Only

Personnel authorized to administer medication: _____

Signature of Building Principal/School Nurse: _____