

_____ SCHOOL DISTRICT

ADMINISTRATION OF PRESCRIPTION DRUGS
(Board Policy No. _____)

In order to administer prescription drugs to students in the public schools, there must be compliance with O.R.C. §3313.713, which requires information from both the parent and the child's physician. Therefore, the parent must complete Part I of this form and the child's physician must complete Part II on the reverse side and the form must be filed with _____ before any prescription drug can be administered in school.

I. Parental Request
(Please Print or Type)

Name of Student _____ Birthdate _____

Age _____ Grade _____ School _____

Telephone No. of Parent/Guardian _____

Home Address of Student _____

Prescription # _____ Name of Pharmacy _____

I hereby request that the enumerated drug(s) prescribed by the physician named below be administered to the above-named student in accordance with O.R.C. §3313.713 and the Board of Education Policy governing the administration of prescription drugs. I hereby agree to submit to _____ a revised statement signed by the physician prescribing the drug(s) if any of the information contained herein changes.

Signed this _____ day of _____, 19____.

Signature: _____

Relationship to Student: _____

SEE REVERSE SIDE FOR PHYSICIAN'S STATEMENT

II. Physician's Statement
(Please Print or Type)

Name of Physician _____

Address of Physician _____

Name of Drug to be Administered _____

Dosage of Drug to be Administered _____

Time or Intervals dosage of Drug is to be Administered _____

Date Administration of Drug is to begin _____

Date Administration of Drug is to cease _____

Any severe adverse reactions that should be reported to the Physician

One or more telephone nos. where physician can be reached in an emergency

Special Instructions, if any, for Administration or storage of the Drug

NOTE: This statement must be revised if any of this information changes.

Signature of Physician: _____

Date: _____

SEE REVERSE SIDE FOR PARENTAL REQUEST