



educational service center
of Central Ohio

Parent/Physician Request for the Administration of Medication by School Personnel

This form must be completed for any prescription or non-prescription (over-the-counter) medication.

Student: _____
D.O.B: _____ Grade: _____ Weight: _____
Address: _____ ZIP: _____

To be completed by the student's physician

For prescription and non-prescription medication

This student is under my care for (diagnosis) _____

and should receive (medication, dosage, route) _____

at the following time(s), _____, effective(date) _____

until (expiration date of this request) _____

Specific instructions for administration or storage _____

Possible side effects _____

Physician's name (please print) _____ Phone _____

Physician's signature _____ Date _____

Prescription medication must be in a clearly marked container from the pharmacist. The label must show the student's name, the dosage directions, the physician's name, and the prescription number. Non-prescription medication must be in the original container clearly identified with the student's name.

To be completed by the parent/guardian

For prescription and non-prescription medication

Pharmacy _____ Phone _____

I give my permission for the teacher or designee to administer the medication as prescribed above and further agree to the following:

1. Submit to school personnel a revised statement signed by the physician who prescribed the above medication when any change in the original physician's statement occurs.
2. Submit to school personnel a written statement when medication given on a daily basis has been discontinued.
3. Understand it is the student's primary responsibility, not school personnel, to remember to take the medication.
4. Release Educational Service Center of Central Ohio and their designated personnel from any liability concerning the Administration or non-administration of the prescribed medication to the student.

Signature of Parent/Guardian _____ Date _____

This permission is no longer valid at the end of the school year and medication will be disposed of at this time if arrangements are not made to pick up remaining medication.