



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**This permission is no longer valid at the end of the school year and medication will be disposed of at this time if arrangements are not made to pick up remaining medication.**