



6.5 Authorization for Administration of Prescription Medication by School Personnel

(As required by Section 3313.713 Ohio Revised Code)

Student Name

Date of Birth

Street Address

City

ZIP

Phone

School

Grade

Teacher

Parent/Guardian Section

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

- Both parent/guardian and the licensed prescriber must complete this form.
- Medication must be provided in the student's labeled prescription bottle. (The pharmacy may provide an extra bottle for long-term medication). The prescription label must match the instructions from the prescriber.
- New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in dose, time etc).

I request that medication be administered to the student listed above according to the directions of the licensed prescriber in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when deemed necessary by the school personnel.

Signature of Parent/Guardian

Date

Phone number

Licensed Prescriber Section

I verify that this medication much be take by: _____
Name of Student

Diagnosis for which medication is prescribed

Medication

Medication route

Dose/quantity

Time/frequency(at school)

Administration start and stop dates

Special instructions

Licensed prescriber signature

Phone number