



Parent Permission for Prescription Medication

(Requires Prescriber's Signature)

7877 US Highway 42 S
Plain City, OH 43064
(614) 873-4666
(614) 873-7560 (fax)

Student Information

Student name:		Date of birth:
Student address:	Grade:	School year:
List any known drug allergies/reactions:		

Prescriber Authorization

Name of medication:			
Dosage:	Route:	Time/Interval:	
Date to begin medication:	End medication:	Does medication require refrigeration?	
Circumstances for use:		Is the medication a controlled substance?	
Special instructions:			
Treatment in the event of an adverse reaction:			
Epinephrine Autoinjector:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes, as the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.	
Asthma Inhaler:	<input type="checkbox"/> Not applicable	<input type="checkbox"/> Yes, if conditions are satisfied per ORC 3313.716, the student may possess and use the inhaler at school or at any activity, event or program sponsored by or in which the student's school is a participant.	
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief:			
Possible Severe Adverse Reaction(s) per ORC 3313.716 and 3313.718			
a) To the student for whom it is prescribed (that should be reported to the prescriber):			

b) To a student for whom it is not prescribed who receives a dose:			

Prescriber name (print)	(signature)	Date	Phone

Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.

Parent/Guardian Authorization: I acknowledge by signing this form that the school district or its personnel are under no obligation to render assistance in administration of medication and do hereby release all Board designated school employees and the Board of Education from liability for damages, illness or injury resulting from either performing or not performing the assistance requested.

<input checked="" type="checkbox"/> I authorize an employee of the school board to supervise my child in administration the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order. <input checked="" type="checkbox"/> I have read and understand the procedures and guidelines.		
<input checked="" type="checkbox"/> Medication form must be received by the Director, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.		
Parent/Guardian name (print)	(signature)	Date
Phone Contact #1		Phone Contact #2

Parent/Guardian Self-Carry Authorization

For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the Director or Nurse as required by law.

For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian name (print)	(signature)	Date
Phone Contact #1		Phone Contact #2