

Little Miami Local Schools
Authorization for the Administration of Medication
By School Personnel
(As required by Section 3313.713 Ohio Revised Code)

Student's Name

Date of Birth

School

Grade

Teacher

Parent/Guardian Section

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

1. Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
2. Medication must be provided in the student's labeled prescription bottle. (The Pharmacy may provide another bottle for long-term medication). The prescription label must match the instructions from the prescriber. If it is a non-prescription medication, it must be in the original bottle.
3. 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 the dose, time, etc.).

I request that medication be administered to my son/daughter according to 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 school personnel.

Signature of Parent

Date

Licensed Prescriber Section

I verify that this medication must be taken by: _____
Name of the student

Diagnosis for which medication is prescribed: _____

Medication

Strength

Dose

Time Medication is to be taken

Administration start date

Expiration date

Instructions or precautions, including possible side effects

Possible adverse reactions to a student for which this medication is **not** prescribed who receives a dose

Licensed prescriber signature

Date

Licensed prescriber printed name

Phone number

Little Miami School District
SELF CARRY/SELF ADMINISTRATION OF EMERGENCY
MEDICATION CONTRACT

This form must be completed in addition to routine medication administration forms for those students who need to carry medication in order to self administer in an emergency.

For Asthma medication:

- a. Student agrees that after ___ puffs, if there is not marked improvement, he/she will go to health office.
- b. If the medication does not produce the expected relief, the student's parents or emergency medical providers will be notified.
- c. A spare inhaler will kept in the health office.

For Epi-Pen:

- a. If student self-administers epi-pen, he will immediately have someone notify health office staff.
- b. **Emergency medical providers will be called for immediate assistance any time the epi-pen is administered.**
- c. A spare epi-pen will kept in the health office.

The student agrees to never share the medication with another student.

The student may be subject to disciplinary action if he/she does not use the medication in a safe and proper manner.

Student Signature / Date

Nurse Signature / Date

Administrator Signature / Date

I give permission for my child _____ to carry the inhaler/epi-pen as prescribed by the physician. I understand that he/she must follow the rules listed above. I will notify the school of changes in medication or my child's condition.

Parent's Signature / Date

As the prescriber, I have determined that this student is capable of possessing and using the autoinjector / inhaler (circle one) appropriately and have provided the student with training in the proper use of the autoinjector.

Prescriber Signature / Date