WESTERVILLE CITY SCHOOLS

REQUEST TO ADMINISTER PRESCRIBED MEDICATION TO A STUDENT DURING SCHOOL HOURS

As Required By Section 3313.713 Ohio Revised Code

Student Name: Date of Birth:

Student Address:

School: Grade: Teacher:

PARENT SECTION

1. This form must be completed by both the parent (top section) and the prescriber (bottom section)
2. Medication must be kept in the **student's prescription labeled bottle**. (Pharmacy may provide an extra bottle for long-term medication.) Prescription label must match instructions from prescriber. If it is a non-prescription drug, it must be in the original container.
3. Deliver no more than 2 -4 weeks supply of medication to school clinic staff directly by the parent/guardian or other responsible adult at parental request. This should be arranged in advance.
4. A revised statement signed by the prescriber must be provided for any changes. A new form is required every school year.

When possible, give medication outside of school hours. *CONSENT : I, give consent for School Staff to make direct contact with the prescriber should an emergency adverse reaction indicated below occur. This consent does not supersede nor abrogate the "Emergency Medical Form".

Signature of parent:_____Date: _____

Parental signature authorizes school personnel to administer the below prescribed medication.

Parent phone number: _____ _____

Day time Evening

PHYSICIAN SECTION

I verify that this medication must be taken by: _____

Name of Student

FOR DAILY MEDICATIONS (When possible, please attempt to schedule medication outside of school hours)

DRUG	DOSE	ROUTE	TIME TO BE GIVEN

FOR AS NEEDED MEDICATION

DRUG	DOSE	ROUTE	TIME INTERVAL BETWEEN DOSES

Diagnosis for which medication is prescribed?	
Any severe adverse reactions that should be reported to the prescriber *?	
Special instructions for administration, including sterile conditions and storage?	

Start date to administer at school:	Expiration date:

X

Prescriber's Signature **Date**

Prescriber's Printed Name: Phone:

Prescriber's Address:

If faxed to school, it is the parent's responsibility to ensure it is received **FAX NUMBER:** _____