

WAYNE TRACE JR/SR HIGH SCHOOL

4915 US 127, Haviland, OH 45851

419-399-4100 or 419-622-5171

Authorization for Administration of Medication by School Personnel

As required by Section 3313.713 Ohio Revised Code

Student's Name	<input type="text"/>	Date of Birth	<input type="text"/>				
Address	<input type="text"/>	City	<input type="text"/>	Zip	<input type="text"/>	Phone	<input type="text"/>
School	<input type="text"/>	Grade	<input type="text"/>	Teacher	<input type="text"/>		

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.

- Both the parent (top section) and the licensed prescriber (bottom section) 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. If it is a non-prescription medication, it must be in the original container.
- 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 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 school personnel.

Signature of Parent/Guardian _____ Phone _____ Date _____

Licensed Prescriber Section

I verify that this medication must be taken by: Name of Student

Diagnosis for which medication is prescribed

Medication Strength Dose/Quantity

Time(s) medication is taken at school Adm. Start Date Expiration Date

Instructions or precautions, including possible side effects:

Licensed prescriber signature

Phone

Licensed prescriber printed name

Date