

WAYNE TRACE LOCAL SCHOOLS

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	Date of Birth	Phone	
Address	City	State	Zip
School		Grade	

Parent/Guardian Section

Please review the following steps required for permission for 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.

-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
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Licensed Prescriber Section

I verify that this medication must be taken by Student's Name

Diagnosis for which medication is prescribed

Medication	Strength	Dose/Quantity
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Time(s) medication is taken at school	Adm. Start Date	Expiration Date
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Instructions or precaution, including possible side effects:

Licensed prescriber signature	Phone	Date
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