



# Administration of Medication Form

## Parent/Physician Request for School Personnel to Administer Medicine

Cincinnati Board of Education policy (Students Section, 5141.3) requires consent of parent, guardian, or eligible student 18 years or older before medication (including prescription, over the counter, inhalers, Epinephrine, etc.) can be given to a child by school personnel. The following information is necessary in order to comply with this policy. Please return this completed form to your child's principal. **Please answer all questions.**

Name of Student: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Telephone No.: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Emergency Phone No.: \_\_\_\_\_  
Secondary Emergency Phone No.: \_\_\_\_\_  
School: \_\_\_\_\_ Grade: \_\_\_\_\_  
School Fax Number: \_\_\_\_\_

### TO BE COMPLETED BY THE CHILD'S PHYSICIAN (If not applicable, indicate N/A)

Name of Medication: \_\_\_\_\_  
Dosage: \_\_\_\_\_  
Frequency: \_\_\_\_\_  
How Administered: \_\_\_\_\_  
Date to Begin Administration of Medication: \_\_\_\_\_  
Date to Terminate Administration of Medication: \_\_\_\_\_  
Possible side effects that should be reported to the physician:  
\_\_\_\_\_

Possible side effects to another student whom the medication is **NOT** prescribed who receives a dose:  
\_\_\_\_\_

Special conditions for storage of drug: \_\_\_\_\_

\*Procedures to be followed if asthma medication does not alleviate child's asthma attack (Use back of form if necessary or complete Asthma Emergency Form): \_\_\_\_\_

\*\*Procedures for school employees if the student is unable to administer the Epinephrine Auto-injector medication or if it does not produce the expected relief: \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No As a 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 auto-injector.

Physician's Signature: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Emergency Telephone No.: \_\_\_\_\_

Please complete other side

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Homeroom: \_\_\_\_\_

**TO BE COMPLETED BY THE CHILD'S PARENT OR ELIGIBLE STUDENT**

The medicine must be in pill, capsule or spoon form, or an auto-injector or an asthma inhaler and must be clearly marked from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name, and the prescription number.

**This permission is no longer valid at the end of the current school year or if there are any changes ordered to this form in the following:**

- 1. Name of the medication**
- 2. Dosage**
- 3. Recommended time of dosage**

Pharmacy: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

The undersigned agrees not to file or make any claim against anyone for negligence in connection with the administering or non-administering of any medicines and further agrees to save such individuals and hold them harmless from any liability incurred as a result of the administering or non-administering of any medicines.

\_\_\_\_ As the parent/guardian of this student or eligible student, I give my permission for the principal or designee to administer the prescribed medication.

**\* For Students with Asthma**

\_\_\_\_ As the parent/guardian of this student or eligible student, I authorize my child or myself to possess and use the 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.

**\*\* For Students with EpiPen/Twinject**

\_\_\_\_ As the parent/guardian of this student or eligible student, I authorize my child or myself to possess and use an Epinephrine Auto-injector, 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 school as required by law.**

**Name of Parent/Guardian/Eligible Student (please print):**

\_\_\_\_\_

**Signature of Parent/Guardian/Eligible Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Additional Information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please complete other side**