

Bexley City School District, 348 S Cassingham Road, Bexley OH 43209

Health Office Ph: Cassingham Complex 237-4309 ext 3146; Montrose 237-4226; Maryland 237-3280

Fax: Cassingham Complex 338-2090; Montrose 338-2088; Maryland 338-2080

PRESCRIPTION MEDICATION AUTHORIZATION FORM

Student		DOB	
Address			
School	Grade	Teacher	
PHYSICIAN'S AUTH	ORIZATION		
			is under my care and should have
(Name of Student)			
(Name of Medication*)	(Dosage*)		(Route)
(Time/s) (Beginning Date	of Administration)		(Last Date of Administration)
Possible severe side effects t	o watch for:		
Reason for giving med (i.e.: o	diagnosis, health conce	ern)	
*Note: A new authorization m	ust be submitted if any o	change is made	and must be updated each year.
Physician			
Signature		Phone	Date
administered to students during has been authorized by a boa	d Code 3313.713 (E) this the school day by schoo rd of education to adn ivil damages for admini stitutes gross negligence	ol authorized pe ninister a drug istering or failin or wanton or re	rm is required in order for drugs to be rsons. Per the statute, "no person who , and has a copy of the most recent ng to administer the drug, unless such eckless misconduct."
Parent/Guardian Signature			
Date	Phone		
This form must be co	mpleted and returne	ed to the nurs	se at the school site <u>BEFORE</u>

any PRESCRIPTION medication can be administered by school authorized personnel.

ADMINISTRATION OF MEDICATION

- 1. Designated persons employed by the Board are authorized, in conjunction with Board policy, to administer to a student a drug prescribed by a physician for the student.
- 2. No drug prescribed by a physician for a student can be administered pursuant to these regulations or pursuant to the Education for All Handicapped Act unless the following occur:
 - A. The Board, or a person designated by the Board, received a written request, signed by the parent, guardian, or other person having care of charge of the student, that the drug be administered to the student. It is advised that the medication in its **original container** and the signed permission forms be brought to the school by the parent/guardian for elementary students.
 - B. The Board, or a person designated by the Board, receives a statement, signed by the physician who prescribed the drug, that includes **ALL** of the following information:
 - 1. The name and address of the student
 - 2. The school and class in which the student is enrolled
 - 3. The name of the drug and the dosage to be administered
 - 4. The times or intervals at which each dosage of the drug is to be administered
 - 5. The **Date** the administration is to **Begin**
 - 6. The **Date** the administration is to **Cease**
 - Any severe adverse reactions that should be reported to the physician and one or more phone numbers at which the physician can be reached in an emergency
 - 8. Special instruction for administration of the drug, including sterile conditions and storage
 - C. The parent, guardian, or other person having care or charge of the student agrees to submit a revised statement signed by the physician who prescribed the drug to the Board, or a person designated by the Board, if any of the information provided by the physician as described above changes.
 - D. The person authorized by the Board to administer the drug receives a copy of the statement described above.
 - E. The drug is received by the person authorized to administer the drug to the student for whom the drug is prescribed in the container in which it was dispensed by the prescribing physician or a licensed pharmacist and have an affixed label including the student's name, name of medication, dosage, route and time of administration, physician's name, and date prescription filled.

A complete copy of the Board Policy and Regulations is available at www.bexleyschools.org and in each library in the district.