

Request for Giving Medication at School

Ohio State law requires written permission from a physician and from the parent/guardian for the administration of any medication, prescribed or over the counter, at school. Medications are administered by the school nurse, or in her absence, by the principal or designated staff member. Prescribed medications must be in pharmacy containers labeled with the name of the student, name of the drug, strength, dose, frequency, physician's name and date of original prescription.

Student's Name _____ Date _____

Name of Medication _____ Dose _____

Time of Administration _____ Possible Side Effects _____

Medication shall be given from _____ to _____.
Date Date

Prescriber's Name _____ Phone _____

Prescriber's Signature _____

Parental Permission for the Administration of Medication by School Personnel

I request that school personnel administer the above medication to _____ . I understand that I must supply the school with the medication in its original container dispensed and properly labeled by the prescriber or pharmacist. I understand that St. Peter's Schools, its officers, agents, and/or any school employee who administers this medication to my child in accordance with written instructions from the prescriber, shall not be liable for damages as a result of an adverse drug reaction or any injury suffered by my child due to the administration or failure to provide the drug. The school reserves the right to not administer medication should circumstances warrant such action. I understand that this medication will be destroyed if it is not picked up within one week following the termination of the order or one week beyond the close of school.

Parent/Guardian Signature

Date