

Student Name _____

Address _____

Grade Level _____

This request is for: *(please circle one)*

ASTHMA INHALER

EPINEPHRINE AUTOINJECTOR

Date of Request _____

REQUEST FOR THE ADMINISTRATION OF MEDICATION / TREATMENT BY STUDENT FORM 5330 F2

MEDICATION / TREATMENT

Name and dosage of medication/procedure _____

Date medication/procedure to begin _____

Date medication/procedure no longer needed _____

Circumstances for use _____

Possible side effects or adverse reactions which should be reported to the physician _____

Possible side effects or adverse reactions that may occur to a student for which it is **not** prescribed who receives a dose.

Procedure for school employees if the **student is unable** to administer the medication **or** if it **does not produce the expected relief**. _____

AUTHORIZATION

As the prescriber, I have determined the above named student is capable of possessing and appropriately administering the medication listed above. Student has been given the necessary instructions and training.

Physician's Signature _____ Date _____

Typed Name of Physician _____ Telephone Number _____

As the parent/guardian, I authorize my child to:

- possess and use the medication listed above, 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.
- If my child is prescribed an epinephrine autoinjector, I will provide a backup dose of the medication to the school nurse as required by law.

Signature of Parent/Guardian _____ Date _____

Daytime Telephone Number _____ Home Telephone Number _____

REQUEST FOR THE ADMINISTRATION
OF MEDICATION / TREATMENT
BY STUDENT
FORM 5330 F2

- All prescriptions should be 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 licensed pharmacist.
- The parent or guardian must submit a **revised statement** signed by the prescribing physician if any of the information originally provided changes.
- No person who has been authorized to administer a drug and has a copy of the most recent physician statement given to him in accordance with O.R.C. 3313.713 (D) prior to administering the drug is **liable** in civil damages for administering or failing to administer the drug, unless the person acts in a manner that constitutes gross negligence or wanton or reckless misconduct.