

Student Name _____

Address _____

Date of Request _____

Teacher _____

Grade Level _____

**REQUEST FOR THE ADMINISTRATION
OF MEDICATION / TREATMENT
BY SCHOOL PERSONNEL
FORM 5330 F1**

A separate form must be completed for each medication.

MEDICATION / TREATMENT	Name and dosage of medication/procedure _____
	Purpose of medication/procedure _____
	Time/intervals medication/procedure is to be administered at school _____
	Possible side effects or adverse reactions which should be reported to the physician _____
	Special instructions, including storage and/or sterile requirements _____
	Date medication/procedure to begin _____
	Date medication/procedure no longer needed _____

This section must be completed for prescription medication only as required by state law.

AUTHORIZATION	<i>Physician's Signature</i> _____ <i>Date</i> _____
	<i>Typed Name of Physician</i> _____ <i>Telephone Number</i> _____
	<i>Physician's Address</i> _____
	This section must be completed by parent/guardian for prescribed and non-prescribed (over-the-counter) medications.
	I hereby request and give permission to authorized school personnel to administer the medication and/or procedure as instructed by the physician, and agree:
	<ul style="list-style-type: none"> • To deliver the medication to the school. • To notify the school if the medication, dosage, or the procedure is changed or to be eliminated. • To allow communication between school nurse and physician in regards to administration of medication.
<i>Signature of Parent/Guardian</i> _____ <i>Date</i> _____	
<i>Daytime Telephone Number</i> _____ <i>Home Telephone Number</i> _____	

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- 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.

MEDICATION / TREATMENT LOG

Name of Student _____ Grade _____

Name of Medication _____

Date	Time	Amount	Comments	Given by