

**Authorization for the Administration of Medication by School Personnel**  
As required by Section 3313.713 Ohio Revised Code

STUDENT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ TEACHER \_\_\_\_\_

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**Parent/Guardian Section**

Please review the following steps required for permission of school personnel to administer any medication to your child and sign this section:

1. This form must be completed by both the parent (top section) and the licensed prescriber (bottom section).
2. Medication must be kept in the student's labeled prescription bottle (Pharmacy may provide an extra bottle for long-term medication). Prescription label must match instructions from prescriber. If it is a non-prescription medication, it must be in the original container.
3. New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in the dose, time, etc.)

When possible, give medication outside of school hours. For example, to be able to administer three (3) doses to the child, it might be given before school, immediately after school, and before bedtime. Please contact the school nurse if you have questions.

Signature of parent: \_\_\_\_\_ Date: \_\_\_\_\_

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**Licensed Prescriber Section**

I verify that this medication must be taken by: \_\_\_\_\_  
Name of Student

Diagnosis for which medication is prescribed: \_\_\_\_\_

Medication \_\_\_\_\_ Strength \_\_\_\_\_ Dose \_\_\_\_\_

Time medication is to be taken: \_\_\_\_\_ Administration start date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Instructions or precautions, including possible side effects: \_\_\_\_\_

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Licensed prescriber signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensed prescriber printed name: \_\_\_\_\_ Phone: . \_\_\_\_\_