Nicholas School

1306 Garbry Road - Piqua, Ohio 45356 - Phone: (937)773-6979 - Fax: (937)778-2561

All Parents who wish to have any type of medication including non-prescription drugs and cough drops administered to their children, must submit to the school written authorization signed by both the parent and the physician. We apologize for any inconvenience this might cause, but with widespread concern over the abuse of drugs and the need to ensure that all medications are administered correctly and as intended, we must ask your cooperation in complying with this state law (OHIO REVISED CODE Section 3313.713).

Authorization to Administer Medication

This will authorize school personnel to administer _____
(Medication)

to _____ _____
(Student's Name) (Student's Address)

The prescribed dosage is _____ Time to be given _____

Possible side effects _____

Special instructions for storage and administration are _____

Expiration of this request _____

_____ _____ _____
(Date) (Physician's Signature) (Physician's Phone Number)

Parent's/Guardian's responsibilities in regard to the administration of medication by school personnel.

1. There must be evidence that the prescription is a recent one.
2. Medication must be brought to school in a container appropriately labeled by the physician, pharmacy, or the manufacturer.
3. The container will be clearly marked as to the type of medication, the proper dosage, and the student's name.
4. If more than one kind of medication is being administered, a separate container must be provided for each kind of medication and will conform to numbers 1, 2, and 3 above.
5. There must be a separate authorization form for each type of medication.
6. It is the parent's responsibility that the child has the correct medication and that the school personnel be fully informed of the medication program. School personnel accept no responsibility for the administration of incorrect medication or dosage thereof.

I have read and understand statements 1 – 6 above and request that the medication indicated above be administered by school personnel at Nicholas School.

_____ _____
(Parent/Guardian Signature) (Date)

_____
(Street Address, City, State, Zip Code)

_____ _____
(Cellphone/Home Telephone) (Work Telephone)