

## Administration of Medication Form

Student's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_

Student's Address: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Medication	Dosage/Route	Time to be Administered	Adverse Reactions to be Reported	Date Medication Begins/Ceases
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/
_____	_____	_____	_____	/

Special instructions if any: \_\_\_\_\_

DURING FIELD TRIPS, MEDICATION **MAY/MAY NOT** BE **DELAYED/OMITTED** = PLEASE CIRCLE.

Authorization is given for physical and/or occupational therapy evaluation.     Yes     No

Physician's Name (**PRINT**) \_\_\_\_\_ / \_\_\_\_\_ Signature (**NO STAMPS**) \_\_\_\_\_ NPI # \_\_\_\_\_

Date \_\_\_\_\_ Office Phone Number \_\_\_\_\_

### TO BE COMPLETED BY PARENT/GUARDIAN

*I HEREBY GIVE THE PERSONNEL OF THE Stark County Board of DD permission to administer the above prescribed medication to my son/daughter.*

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### MEDICATION GUIDELINES

1. This form must be completed and the original returned to school nurse for any medication to be administered during program day by school personnel. This includes prescription/non-prescription medication, oral or topical. More than one medication may be listed on one form.
2. This form must be signed by the physician and legal guardian.
3. If the medication is changed, a new form is required. Notify the school nurse when medication is discontinued.
4. All medications (nurse or self-administered) must be in a pharmacy labeled container. The label must include the student's first and last name, name and strength of medication, amount to be taken, and time to be taken.
5. No more than one week's supply of a medication should be sent to the school at a time.
6. Student's self-administering medication should have the self-medication assessment form completed and on file with the school nurse. Only a daily dose of medication should be sent to the school with the student who self-administers.