

ELDER HIGH SCHOOL
Administration of Medication Form
Parent/ Physician Request for School Personnel to Administer Medication

Cincinnati Board of Education policy (Students section 5141.3) requires consent of parent or parent surrogate before medication (including prescription, over the counter, inhalers, epinephrine etc.) can be given to a child by school personnel. The following information is necessary in order to comply with this policy.

Name of Student _____ Grade _____

Date of Birth _____ Allergies _____

Address _____

Parent/ Guardian Name _____ Emergency Phone # _____

TO BE COMPLETED BY CHILD'S PHYSICIAN

Name of Medication _____

Dosage _____

Frequency: _____

How Administered _____

Date to Begin Administration of Medication: _____

Date to Terminate Administration of Medication _____

Possible side effects: _____

Physician's name _____ **Phone #** _____

Physician's signature _____

TO BE COMPLETED BY CHILD'S PARENT/ GUARDIAN

Pharmacy _____ Phone # _____

The undersigned agree not to file or make any claims against anyone for negligence in connection with dispensing or non- dispensing of any medication and further agree to save such individuals and hold them harmless from any liability incurred as a result of the dispensing or non dispensing of any medicines.

As Parent/ Guardian of this student, I give my permission for the principal or his designee to administer the prescribed medication.

Signature of Parent/Guardian _____ **Date** _____

This permission is no longer valid at the end of the current school year or if there are any changes in the form in the following:

1. Generic Name of the medication
2. Dosage of medication
3. Recommended time of dosage