



Medication Administration Form

The Ohio Revised Code 3313-317 requires consent of a parent or guardian before medication can be administered to a child in school. Prescription medication to be administered at school requires both a parent/guardian's signature and a signed order by a Physician or CRNP. Medication will be administered by a licensed health professional or select employees who have completed a medication administration program conducted by a licensed health professional.

STUDENT NAME: _____ **DOB:** _____

TO BE COMPLETED BY STUDENT'S PHYSICIAN OR PARENT

Name of Medication: _____

Dose: _____

Frequency: _____

Route of Administration: _____

Reason for taking Medication: _____

Date to begin: _____ Date to End: _____

Possible Side Effects: _____

Physician/CRNP: _____

Physician/CRNP Signature: _____

Physician/CRNP Tel: _____ Fax: _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

Pharmacy: _____ Pharmacy Tel: _____

I give my permission to the licensed health professional and trained personnel to administer the medication above. I release St. Antoninus School and any or all of the school's employees from any liability or damages resulting from the consequences or adverse reactions of our child's taking or failing to take this medication at the times prescribed. I also agree to keep the school informed in writing of any revision in the medication order. I have had the opportunity to ask questions and they have been fully answered to my satisfaction.

Parent/Guardian Name: _____ Tel: _____

Parent/Guardian Signature: _____ **Date:** _____