PHYSICIANS REQUEST FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL

_________________________________________ is under my care and should receive
_________________________________________ at the following times _________________.
Name of Drug, Dosage, Route

Specific instructions for administration ____________________________________________
Possibly side effects to watch for ________________________________________________
Expiration date of this request _________________________________________________

Date_________________________ ________________________________
Physician’s Signature

______________________________
Physician’s Phone Number

REQUEST FOR THE ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL: PARENT

I hereby request and give permission to the principal or his/her delegate (school nurse or
other responsible person) to administer the following medication to my child.

Name of Child ________________________________________________________________
Name of Drug ____________ Dosage _________ Route ____________
At the following time(s) __________________________________________________________

Date_________________________ ________________________________
Signature of Parent or Guardian

Taken From: Montgomery County Health Association Guidelines
When it is necessary for school personnel to administer prescribed medication, the following guidelines, taken from the Ohio Nurses’ Association Guidelines, are to be followed:

1. All school personnel must be informed that the administration of any drug (prescription or over-the-counter) without the order of the physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.

2. The principal in each building shall appoint a responsible person or persons to supervise the storing and administering of the medication in the absence of the school nurse. All medication should be kept in a locked cabinet.

3. Written request must be obtained from the physician and the parent/guardian before any medication may be administered by school personnel. The request must include instructions as to name of medication, dosage, time and duration of medication, and possible side effects. A sample form follows this page. *A faxed copy may be accepted with a request for a hard copy to follow.

4. Medication must be in original containers (child proof) and have an affixed label, including the student’s name, name of medication, dosage, route of administration, and time of administration.

5. New request forms must be submitted each school year, and as necessary for changes in medication order.

6. It is advised that the medication and the signed permissions forms be brought to the school by the parent/guardian.

7. The school nurse is responsible for the monitoring of medications administered by school personnel. The school nurse is responsible for providing education including specific instructions pertinent to the medication.

8. Accurate records of the medication given must be kept in the student’s record.