

**PERMIT FOR DISPENSING PRESCRIPTION MEDICATION**

In accordance with Ohio Revised Code 3313.713

Required each school year and at any changes of medication.

Hamilton City School District requires that the following information be provided before it will administer medication or treatment to the student.

**THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

School \_\_\_\_\_ Grade \_\_\_\_\_ Home Room \_\_\_\_\_

- A. I am requesting permission for my child named above to: (Check all that apply)
  - \_\_\_\_\_ use or receive prescribed medication.
  - \_\_\_\_\_ receive prescribed treatment
  - \_\_\_\_\_ self-administer prescribed medication(s) in my presence or that of an authorized staff member in accordance with the authorized prescription.
- B. I will assume responsibility for safe delivery of the medication/drug to school. Medication **may not** be sent to school in the student's lunch box, pocket, back pack, or any other means on or about his/her person. The medication/drug must be received by the District (i.e., the person authorized to administer the drug to the student) in the container in which it was dispensed by the prescriber or a licensed pharmacist.
- C. I will notify the school immediately if there is any change in the use of the medication/drug or the prescribed treatment. (You must submit to the District a revised licensed prescriber's statement, signed by the prescriber, if any of the information contained in the statement changes.)
- D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable, unforeseeable for damages or injury resulting directly or indirectly from this authorization.

\*If the licensed provider authorizes that the student may possess and use an asthma inhaler and/or an epinephrine autoinjector:

- Parent/Guardian will provide a backup dose of the medication (Epinephrine) to the school principal or nurse as required by law.
- It is strongly recommended that Parent/Guardian provide a second inhaler to be stored in the clinic in the event that the student does not have his/her inhaler.
- The student should be responsible to report use of inhaler to the nurse and/or principal.
- The parent/guardian must sign and date the self-carry authorization at the bottom of this form and prescriber must check self-carry.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone during school \_\_\_\_\_ Other phone \_\_\_\_\_ Cell phone \_\_\_\_\_

**THIS SECTION TO BE COMPLETED BY LICENSED PRESCRIBER**

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student.

Medication \_\_\_\_\_ Date of Authorization \_\_\_\_\_

Dosage \_\_\_\_\_ Time(s) to be given \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

\_\_\_\_\_ Self-Carry Authorization for inhaler/epinephrine injection

Adverse reactions to be reported \_\_\_\_\_

Diagnosis \_\_\_\_\_

Licensed prescriber emergency telephone \_\_\_\_\_ Alternate telephone \_\_\_\_\_

Special Instructions \_\_\_\_\_

Administration \_\_\_\_\_

Storage \_\_\_\_\_

Other \_\_\_\_\_

Prescriber name (print) \_\_\_\_\_ Signature \_\_\_\_\_

Prescriber address \_\_\_\_\_

**FOR SCHOOL USE ONLY**

The following school personnel have read this form and are authorized to administer the medication as outlined:

Nurse's Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal's Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*Copies must be provided to Principal and School Nurse assigned to the student's building. Teachers should be notified of student carrying Asthma Inhaler or Epinephrine Autoinjector.

**Parent/Guardian Self-Carry Authorization**

- For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered.
- For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_