



MEDICATION ORDER FORM

District policy requires consent of the parent/legal guardian and a written order from the licensed prescriber before medication can be given to a student by school personnel. This includes over-the-counter medication. Medication must come to school in the original container with the affixed label from the pharmacist. Prescription medication must show the student's name, name of medication, dosage directions, licensed prescriber's name, and prescription/Rx number (if there is one). A written order from the licensed prescriber is required for a student to carry an inhaler or Epi-Pen. The following information is necessary in order to comply with this policy. **All requested information and fields must be completed.**

TO BE COMPLETED BY A LICENSED PRESCRIBER (M.D, DO, NP, DMD, DDS, etc):

STUDENT NAME: _____ **STUDENT BIRTH DATE:** _____ **GRADE/HR:** _____

This student is under my care for (diagnosis) _____

Medication	Dosage	Time	Duration	Route	Side Effects to Notify Physician of
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Special Instructions: _____

Licensed Prescriber Signature: _____ **Date:** _____

Licensed Prescriber Office Phone: _____ **Licensed Prescriber Address:** _____

AUTHORIZATION FOR STUDENT POSSESSION AND USE of EPINEPHRINE AUTOINJECTOR (EpiPen, AuviQ) or INHALER:

As the prescriber, I have determined that this student can possess and use this autoinjector or inhaler appropriately. I have provided the student with training in the proper use of the autoinjector or inhaler.

Licensed Prescriber Signature: _____ **Date:** _____

TO BE COMPLETED BY THE PARENT / GUARDIAN:

I give permission for the principal or his/her designee to administer the medication as prescribed above to my child. I also agree to:

1. Notify the school if the medication or dosage is changed, if alternate dosing is required (late arrival), or if stopped. (Note: If your child does not take a daily scheduled medication for more than 30 days, a new order from the doctor will be required)
2. Grant permission for the school nurse to confer with the above physician/medical authority regarding the child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs
3. Provide safe transportation of the medication to and from school. Medication must be given directly to a school official.
4. If authorization to carry Epi-Pen is completed by the physician/medical authority, the parent **must** provide a backup dose of Epi-Pen (Ohio Revised Code 3313.718) Emergency medical services will be called if Epi-Pen is administered.
5. If physician has written order for the student to carry an inhaler, the parent is requested to provide a backup inhaler
6. Parents are requested to contact the school nurse promptly, in the event that AM medication dosing is given later than typically scheduled and might conflict with a dose provided at school (i.e, late start days, inclement weather days, etc).

_____ Yes, I will provide a backup inhaler _____ No, I decline the need to provide a backup inhaler

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

PLEASE RETURN THE COMPLETED MEDICATION FORM TO THE SCHOOL NURSE

TO BE COMPLETED BY PRINCIPAL/ ASSISTANT PRINCIPAL:

PRINCIPAL/ASSISTANT PRINCIPAL APPROVAL: _____

SIGNATURES OF PERSONS AUTHORIZED TO GIVE MEDICATION:

INFORMATION ON DISPENSING MEDICATION AT SCHOOL

Sycamore Community Schools has a medication policy that is in compliance with the Ohio Revised Code. The following information is provided to help clarify the understanding of this policy.

1. Medication should not be given at school unless it is **necessary** for the health and well-being of the student.

2. A **Medication Order Form** must be on file at school, **signed by a parent/guardian and a licensed prescriber**, before prescribed medication or over-the-counter medication may be administered. It is also needed for students to carry inhalers or epinephrine autoinjectors (i.e., EpiPen, AuviQ, or generic brand). The following must be included with the order form:
 - a. Name and address of the student.
 - b. Name of medication and dosage to be given.
 - c. Reason for administering the medication.
 - d. Times at which medication should be given.
 - e. Dates the administration of medication is to begin and end.
 - f. Adverse reactions that should be reported to the physician.
 - g. Special instructions (i.e. sterile conditions, storage, etc.)
 - h. Acknowledgement that the prescriber has provided the student with training in the proper use of the epinephrine autoinjector.
 - i. A new medication form is necessary if there are changes in a medication order and if a student does not take a daily scheduled medication for more than 30 days.

3. Medication must be in the **original container with an affixed pharmacy label**.

4. Students may not transport medication to school. (Exceptions: Inhalers or Epi-Pens, with a completed Medication Order Form, may be transported by a student. Other special circumstances arranged with the school nurse on a case-by-case basis.)

5. Parents/guardians are requested to provide a backup inhaler and are required by law to provide a backup epinephrine autoinjector.

6. Parents/guardians are requested to promptly notify the school nurse, in the event that AM medication administered at home is taken later than typically scheduled (i.e., late start days, inclement weather days, etc) and might conflict with a dose provided at school.

7. A new Medication Order Form is required each year for ongoing medication. All medication must be picked up by a parent/guardian at the end of the school year. If it is not picked up by a designated date, it is discarded.

8. Only the school nurse, a substitute nurse, the principal, or a person designated by the principal, are authorized to administer medication at school. (Note: If an epinephrine autoinjector is administered, emergency services will be called.)