

ST. MICHAEL SCHOOL
64 EAST SELBY BLVD
WORTHINGTON, OHIO 43085
Phone: 885-3149 Fax: 885-1249

Request to Administer Medication to a Student during School Hours
(As Required by Section 3313.713 ORC)

STUDENT NAME _____ GRADE _____

ADDRESS _____ BIRTHDATE _____

PART A (To be completed by prescribing physician)

NAME OF MEDICATION _____ ROUTE _____

DOSAGE _____ TIME _____

POSSIBLE SIDE EFFECTS _____

DATE TREATMENT BEGINS _____ DATE TREATMENT ENDS _____

IF THIS ORDER IS FOR AN ASTHMA INHALER, DO YOU FEEL THAT THE STUDENT HAS BEEN PROPERLY TRAINED TO SELF-ADMINISTER THIS MEDICATION WITHOUT SUPERVISION OF SCHOOL PERSONNEL? YES _____ NO _____

PHYSICIAN'S SIGNATURE _____ DATE _____

ADDRESS _____ PHONE _____

PART B (To be completed by parent /guardian)

I/we are requesting that St. Michael School personnel administer medication to the student named above as prescribed. I/we understand that St. Michael School personnel are under no obligation to render the assistance requested and that such assistance may, in the absence of the school nurse, be rendered by an employee of the school who is not medically trained. I/we release St. Michael School, it's Board of Education, it's officials, and employees including the school nurse and the nurse's designee from any and all liability from damages directly or indirectly resulting from the performance or failure to perform the assistance requested.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PART C (To be completed by parent/guardian if this request is for an asthma inhaler)

_____ I wish my child to be permitted to carry his/her asthma inhaler with him/her at school and use it according to the physician's instructions above. By requesting this, I also certify that my child has been properly trained in the use of this medication.

_____ I prefer to have my child keep his/her inhaler locked in the nurse's office and use be monitored by the school nurse or her designee.

INSTRUCTIONS TO FOLLOW IF ASTHMA ATTACK IS NOT RELIEVED BY USE OF INHALER AS ORDERED:

THIS FORM MUST BE ON FILE IN THE SCHOOL OFFICE IN ORDER FOR MEDICATION TO BE ADMINISTERED DURING SCHOOL HOURS. MEDICATION MUST BE IN ORIGINAL CONTAINER, LABELED WITH THE STUDENT NAME, ROUTE, DOSAGE, TIME TO BE GIVEN, AND NAME OF DRUG. STUDENTS ARE NOT PERMITTED TO KEEP MEDICATION ON THEIR PERSON OR IN THE CLASSROOM. ALL MEDICATION MUST BE TAKEN IN THE NURSE'S OFFICE THE ONLY EXCEPTION IS THE USE OF ASTHMA INHALERS.