

Office of Early Learning and School Readiness  
**Preschool and School Age Child Care  
Medication Form**

This form meets Ohio Administrative Code. Programs may use this form or build their own including all required information.

\*A separate medication form is required for each prescription and non-prescription medication administered.

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student address: \_\_\_\_\_

School \_\_\_\_\_ Grade: \_\_\_\_\_ Class: \_\_\_\_\_

**To Be Completed by the Physician/Dentist:**

Medication Name: \_\_\_\_\_ Dose: \_\_\_\_\_

Dosage Time/s: \_\_\_\_\_ Reason for medication: \_\_\_\_\_

Start date: \_\_\_\_\_ Stop date: \_\_\_\_\_

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

Potential adverse reactions to be reported:

\_\_\_\_\_

**Physician/Dentist**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Physician/Dentist Phone

Number: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parent/Guardian:** I give permission for my child to receive this medication at school according to the school district policy and as instructed by my child's physician/dentist.

**I agree and am responsible to:**

- Deliver my child's medicine to school in its original container
- Ensure prescription medication is labeled by a pharmacist or healthcare provider
- Ensure the medication is current within the past 12 months and provide new medication upon expiration
- Administer the first dose of any new medication, except in case of emergency
- Tell the school as soon as possible if there is a change in the use of my child's medicine
- Tell the school if my child gets a new healthcare provider
- Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes. I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

**Parent/Guardian**

**Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Phone:** \_\_\_\_\_ **Emergency Alternate Phone:** \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Per ORC 3313.713 B (2) - Designated persons employed by the board are authorized to administer to a student a drug prescribed for the student. Effective July 1, 2011, only employees of the board who are licensed health professionals, or who have completed a drug administration training program conducted by a licensed health professional and considered appropriate by the board, may administer to a student a drug prescribed for the student. Except as otherwise provided by federal law, the board's policy may provide that certain drugs or types of drugs shall not be administered or that no employee shall use certain procedures, such as injection, to administer a drug to a student.

Staff Trained and Authorized to Administer Medication: \_\_\_\_\_

Drug Administration Training Date \_\_\_\_\_ Length of time \_\_\_\_\_

Trained by \_\_\_\_\_

| Date | Time | Dosage Amount | Reason Given/Comments | Signature of Person who Administered |
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