



## MEDICATION ADMINISTRATION AT SCHOOL

Parent/Guardian:

In order for me to be able to administer medication to your child, an authorization is required (by law) to be filled out and signed by both the parents **AND** physician. This applies to all prescription medications **AND** over-the-counter medications. This authorization needs to be filled out with each new school year.

You can find the **Administration of Medication** form on the school website under the Nurse/Absence>Medication Administration. The form is also available in the Nurse's Office.

Have the provider complete the order form. Be sure they include:

1. Condition for which the medication is being ordered.
2. Name of medication, dose and route.
3. Time or indication for medication usage.
4. Possible side effects to be noted or reported.
5. Special instructions.
6. Effective date and expiration date.

Don't forget to sign the form on the bottom where it asks for your signature! You will then bring in the same medication that is listed on the form. Make sure the medication is in the same form that the doctor wrote for. (For example, if the order is written for Tylenol liquid, you will need to bring Tylenol liquid, not pills!)

Return the form as soon as possible because I **CANNOT** administer medications without it.

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**Over the counter medications need to be brought to school by an adult in the original container with proper labels. Please include your child's name on the bottle.**

**Prescription medications need to be brought to school by an adult in the original container with proper labels including your child's name and date of birth. The amount in the bottle/package will need to be verified with the parent/guardian and the school nurse.**

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Oftentimes, the provider can fax the form to the nurse. You can also return the form via email or in person when dropping off the medicine.

### **End of the School Year**

At the end of the school year, arrangements will need to be made for you to get your child's medication back. In most instances the medication can be sent home with the student with parental permission. (This does not apply to any ADD/ADHD medicine.) Any medication left and unclaimed will be destroyed.

### **Expired Medications**

Sometimes medications will expire during the school year. Please keep in mind that it is illegal for me to administer expired medications. Written and email notices of upcoming expiration dates will be sent home about 1 month before the expiration date to give you time to get a replacement from your provider. It is understood that this can pose an inconvenience but it is in the best interest of everyone to have unexpired medications on hand.

### **Prescription Medications**

**Includes but not limited to:**

- Epi-Pen/Auvi-Q (Epinephrine auto injector)
- Pro-Air (Albuterol)
- Ritalin (Methylphenidate)
- Imitrex

### **Over the Counter Medications (OTC)**

**Includes but not limited to:**

- Tylenol (Acetaminophen)
- Motrin (Ibuprofen)
- Cough drops
- Bacitracin ointment
- Benadryl (Diphenhydramine)
- Zyrtec (Cetirizine)

### **Questions? Concerns?**

If you have any concerns regarding your child's medications at school please contact me:

Stephanie Knapke, BSN, RN  
School Nurse, Our Lady of the Visitation School  
[sknapke@olvisitation.org](mailto:sknapke@olvisitation.org)  
Phone: 513-451-7207  
Fax: 513-347-2225

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## Mediation Administration Order Form

School policy requires consent of the parent/legal guardian and written statement from the licensed prescriber before school personnel can give any **prescribed or over-the-counter medication** to a student. Please complete this form and return to the school office.

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Allergies \_\_\_\_\_

**To be completed by LICENSED PRESCRIBER**

**In accordance with ORC 3313.713/3313.716, the Licensed Prescriber must provide the following information before a student is allowed to receive medication at school or possess and self-administer an asthma inhaler.**

Condition for which medication is administered \_\_\_\_\_

Name of medication, dose and route \_\_\_\_\_

Time or indication for administration \_\_\_\_\_

Possible side effects to be noted/reported \_\_\_\_\_

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

Effective Date \_\_\_\_\_ Expiration date of this request \_\_\_\_\_

For **ASTHMA INHALERS, AND INSULIN PUMPS** -- In my opinion, this student shows the ability to administer and be responsible for carrying and self-administering the above medication. YES \_\_\_\_\_ (initials) NO \_\_\_\_\_ (initials)

**The following section is REQUIRED for ASTHMA INHALERS that a student is carrying and self-administering, and is OPTIONAL for other medications:**

- Instructions to follow in the event medication does not produce expected relief \_\_\_\_\_  
\_\_\_\_\_
- Please list possible side effects for a student for which the medication is not prescribed should he/she receive a dose:  
\_\_\_\_\_

\_\_\_\_\_  
Licensed Provider Signature \_\_\_\_\_  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_ Phone Number \_\_\_\_\_

**To be completed by PARENT/GUARDIAN**

I give permission for the principal or his/her designee to administer the medication as prescribed above to my child, and further agree to the following:

1. Submit to school personnel a revised statement, signed by the licensed prescriber of the above, when any change in the original statement occurs.
2. Submit to school personnel a written statement when medication has been discontinued.
3. Grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
4. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
5. All medications must come to school in the original container from the pharmacist.

**For INHALERS, AND INSULIN PUMPS:** It is my opinion that my child understands the use of this medication, demonstrates proper administration, and has shown responsible behavior when it comes to carrying this medication. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

\_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone Number \_\_\_\_\_