

August 23, 2006

Dear Parent/Guardian,

Because of a state law, any student who needs to have prescription medication or non-prescription medication (including Tylenol) during the school day **MUST** have the appropriate form completed and turned in to the school nurse **BEFORE** medication will be administered to the student. **It is the parent's responsibility to provide the non-prescription medications to the school.**

**PRESCRIPTION MEDICATION** – Both sides of the form need to be completed. Side 1 is the **PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL**. This side must be completed by the physician prescribing the medication. Side 2 the parent needs to complete authorizing permission for school personnel to administer the medication.

**NON-PRESCRIPTION MEDICATION** – Side 2 must be completed by the parent authorizing permission for school personnel to administer the medication. This is the only side that needs to be completed for **NON-PRESCRIPTION MEDICATION**.

If you wish for your child to receive prescription or non-prescription medication during the school day, you must send the medication to the school in the original container in which it was purchased.

The people who are authorized to dispense prescription drugs are the school nurse and the building principals or their designees.

We are informing you of this form **now** so that when your child needs to take prescription medication you will not have to make a second trip to the doctor to get the form completed. Under this law, we will not be allowed to give your child his/her prescribed medication unless the forms are on file.

We regret this inconvenience to you, but we have no alternative other than to refuse to give medicines at all. We feel that alternative would be unfair to students and parents.

Sincerely,

Beverly Jump  
Secondary Schools Principal

BJ/das

(Side 1)

**PHYSICIAN COMPLETES THIS FORM**

PHYSICIAN'S REQUEST FOR THE  
ADMINISTRATION OF PRESCRIPTION MEDICATION  
BY SCHOOL PERSONNEL  
**FAX (419)533-5036**

Date: \_\_\_\_\_

\_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, and a student in the \_\_\_\_\_ grade

at Liberty Center Middle School in the Liberty Center Local School District,  
is under my care and must take medication which I have prescribed during  
the school day.

Name of Medication (as it appears)  
on container in which the drug is  
stored:

\_\_\_\_\_

Dosage and time of intervals:

\_\_\_\_\_

Date administration of drug is  
to begin:

\_\_\_\_\_

Date after which the drug should  
not be administered:

\_\_\_\_\_

Possible adverse reactions to be  
reported to physician:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Special instructions for the  
administration or storage of the drug:

\_\_\_\_\_

\_\_\_\_\_

Name of Physician: \_\_\_\_\_

Primary Telephone Number: \_\_\_\_\_

Secondary Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

(Side 2)

**PARENT COMPLETES THIS FORM**  
**PARENT MUST PROVIDE SCHOOL WITH MEDICATIONS**  
ADMINISTRATION OF NON-PRESCRIPTION OR  
PRESCRIPTION DRUGS TO STUDENTS  
**FAX (419)533-5036**

The undersigned are the parent(s), guardian(s), or person(s) in charge of \_\_\_\_\_, a student in the \_\_\_\_\_ grade at Liberty Center Middle School in the Liberty Center Local School District.

It is necessary that \_\_\_\_\_ receive, \_\_\_\_\_ a physician-prescribed drug or non-prescription drug, **(circle one)** during school hours. The drug is to be administered at \_\_\_\_\_ dosage and at \_\_\_\_\_ intervals, beginning on \_\_\_\_\_ and continuing through \_\_\_\_\_.

I hereby request the Board of Education of the Liberty Center Middle School, or its authorized representative, to administer the above-named drug to \_\_\_\_\_ in accordance with the prescribing physician's instructions (if applicable), and agree to:

1. Submit this request to the person authorized by the Board of Education to receive such request;
2. Make certain the 'Physician's Request for the Administration of Prescription Medication by School Personnel' is submitted to the person authorized by the Board of Education to receive such requests; (if applicable).
3. Make sure personally that the drug is received by the person authorized to administer it in the container in which it was dispensed by the prescribing physician or licensed pharmacist;
4. Make sure personally that the container in which the drug is dispensed is marked with the drug name, dosage, interval of dosage, and date after which no administration should be given;
5. Submit a revised statement signed by the physician who prescribed the drug to the person designated by the Board of Education to receive requests for administration if any of the information provided by the physician changes; (if applicable)
6. Release the Board of Education of the Liberty Center Local School District and their designated representative from any liability concerning the giving or non-giving of the drug to the student.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Parent/Guardian