

(Side 1)

**PHYSICIAN'S REQUEST FOR THE
ADMINISTRATION OF PRESCRIPTION MEDICATION
BY SCHOOL PERSONNEL
FAX (419) 533-1205**

Student's Name: _____ Grade: _____

Student's Address: _____

Parent Consent: I authorize the physician/physician's staff to transmit this completed form to the Liberty Center Local Schools and to communicate directly and share information with the school nurse regarding this medication and the condition it is intended to treat.

Signature of Parent

Date

This student 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

Date

Law requires all medications be transported by a parent or guardian.

PARENT COMPLETES THIS FORM

Parent Consent to Administer Medication at School*

FAX (419) 533-1205

The undersigned are the parent(s), guardian(s), or person(s) in charge of _____
_____, a student in the _____ grade in the Liberty Center Local School
District. It is necessary that my child receive _____ a physician prescribed
drug or non-prescription drug, 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 Local School, or its authorized
representative, to administer the above-named drug to my child 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 a 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. I authorize the physician/physician's staff to transmit the completed form (Sides 1 & 2) to the Liberty Center Local Schools and to communicate directly and share information with the school nurse regarding this medication and the condition it is intended to treat.
4. 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.
5. 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.
6. 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).
7. 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 Signature

Law requires all medications be transported by a parent or guardian.

*** Any prescription medication requires the reverse side
of this form to be completed by a doctor.**