Sandusky City Schools

Prescriber's Request for the Administration of Medication in School

(Prescriber's order for medication in accord with 3313.713 and 3313.716 of the Ohio Revised Code)

Student's Name: _____ Date: _____

Student's Address: _____City: _____ Zip: _____

Phone: _____ School Building: _____ Grade: _____

Medication	Route	Dose	Time of Administration
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Starting date of this request: _____ Termination date for medication: _____

Special instructions (if any): _____

MEDICATION WILL BE ADMINISTERED BY SCHOOL PERSONNEL (unless otherwise stated).

Adverse reactions that should be reported to the prescriber:

Adverse reactions school personnel should look for in an unauthorized user:

_____	_____	_____	_____
Prescriber Signature	Date	Emergency phone number(s) where prescriber can be reached	

FOR ASTHMATICS ONLY

STUDENT IS ALLOWED TO CARRY THEIR INHALER AND SELF ADMINISTER PER PRESCRIBER'S ORDER: YES ☐ NO ☐

In the event the asthma medication does not produce the expected relief, please do the following:

If the inhaler malfunctions, please do the following:

Parent/Guardian Request for the Administration of Medication in School

I request the school staff to administer the medicine to my child as ordered above by the attending prescriber. I will submit to the school a revised "Request" form signed by the prescriber and myself if there is any change in the above orders. I understand that I am required by Ohio law to provide the school with the medication in the original container as dispensed by the prescriber or pharmacist.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Address: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone# _____

Reminder to Parents/Guardian:

Medication must be provided to school in original container dispensed by the prescriber or pharmacist.

Please ask prescriber or pharmacist for one extra labeled container for school.

Form #029 1215 01/03/06 revised

Sandusky City Schools

Prescriber's Request for the Administration of Medication in School

(Prescriber's order for medication in accord with 3313.713 and 3313.716 of the Ohio Revised Code)

MEDICATION LOG

Student	School	Date Started	School Year

Medication	Strength	Dose	Time

Special Instructions:

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug.																															
Sept.																															
Oct.																															
Nov.																															
Dec.																															
Jan.																															
Feb.																															
Mar.																															
Apr.																															
May																															
Jun.																															

Initials/Signature:

KEY

Initials = Medication taken within 1 hour of designated time
O = No medication available
X = No school
AB = Absent
ER = Error

COMMENTS (LIMIT: 500 CHARACTERS & SPACES)