TRI-VILLAGE LOCAL SCHOOL DISTRICT

315 South Main Street, New Madison, OH 45346 (O)937-996-1511 (F) 937-996-0307

Prescription Medication Request Form

Parental Request for the Administrative of Prescription Medication by School Personnel.

PHYSICIAN: Please complete the following information.	
Name of Child:	Date of Birth:
Name of Drug:	Indication:
Dosage of Drug:	Time to be Given at School:
Route of Drug:	Expiration Date:
Possible Side Effects:	
Special Instructions:	

I hereby request and give my permission to authorize school personnel to administer the listed prescription medication to this child who is under my care.

Signature of Prescriber: _____ Date: _____
Prescriber Name (Print): _____ Phone Number: _____

If this medication is an inhaler or EpiPen, please check mark all that apply:

- ☐ EpiPen to be kept in child's backpack to be available for self-administration. Child has been instructed on use. **Law requires that a backup must be kept in the school office.**
- ☐ EpiPen to be kept in locked cabinet at school office
- ☐ Inhaler to be kept in child's backpack to be available for self-administration. Child has been instructed on use. **Law requires that a backup must be kept in the school office.**
- ☐ Inhaler to be kept in locked cabinet at school office

PARENT/GUARDIAN: Please complete the following information		
Parent Name:		
Child's School:	Grade:	Teacher:
Child's Home Address:		
City:	State:	Zip:
Phone (cell)	Phone (home):	Phone (work)
Additional Information:		

I hereby give my permission for authorized school personnel to administer the above medication as directed by the prescriber. I further agree to promptly notify the school if any of the above information changes by completing a new form. I agree to bring the drugs to the school in the ORIGINAL CONTAINER, and to make note of the expiration date and promptly replace expired medications. I agree to have an adult deliver medication to the school and will not send them in with my child or the bus.

Signature of Parent/Guardian: _____ Date: _____

Once completed return this form to the school nurse or fax to 937-996-0307