

**WESTERN RESERVE LOCAL SCHOOL DISTRICT**  
**Authorization for the Administration of Medication by School Personnel**  
(As required by Section 3313.713 Ohio Revised Code)

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**School** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**PARENT/GUARDIAN SECTION**

Please review the following steps for permission of school personnel to administer any medication to your child and sign this section:

1. Both the parent (top section) and the licensed prescriber (bottom section) must complete this form.
2. Medication must be provided in the student's labeled prescription bottle. The prescription label must match the instructions from the prescriber. If it is a non-prescription medication, it must be in the original container.
3. New forms must be submitted each school year and for each new medication. New forms must be submitted when any changes in the original form occur (for example, changes in the dose, time, etc.)

I request that medication be administered to my son/daughter according to the directions of the licensed prescriber in the following section. I also authorize the exchange of information between the health care provider and the school regarding this medication order when deemed necessary by school personnel.

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**LICENSED PRESCRIBER SECTION**

I verify that this medication must be taken by: \_\_\_\_\_  
Name of Student

\_\_\_\_\_   
Diagnosis for which medication is prescribed

_____ Medication	_____ Strength	_____ Dose
---------------------	-------------------	---------------

_____ Time medication is to be taken	_____ Administration start date	_____ Administration expiration date
---	------------------------------------	---

\_\_\_\_\_   
Instructions or precautions, including possible side effects:

_____ Licensed prescriber signature	_____ Date
--	---------------

_____ Licensed prescriber printed name or stamp	_____ Phone
--	----------------