



St. Joseph Consolidated School

925 South Second Street
Hamilton, OH 45011

Phone: 513-863-8758

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Permit for Dispensing Medication at School

In accordance with Ohio Revised Code 3313.713 permit is required each school year and any change with medication.
Physician and Parent signature required for Prescription and Over-The-Counter medications.

Use separate permit for each medication.

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student _____ Date of Birth _____
Student's Address _____
School _____ Grade _____ Home Room _____

- A. I am requesting permission for my child named above to: (Check all that apply)
- _____ use or receive prescribed medication.
 - _____ receive prescribed treatment
 - _____ self-administer prescribed medication(s) in my presence or that of an authorized staff member in accordance with the authorized prescription.
- B. I will assume responsibility for safe delivery of the medication/drug to school. The medication/drug must be received by the District (i.e., the person authorized to administer the drug to the student) in the container in which it was dispensed by the prescriber or a licensed pharmacist.
- C. I will notify the school immediately if there is any change in the use of the medication/drug or the prescribed treatment. (You must submit to the District a revised licensed prescriber's statement, signed by the prescriber, if any of the information contained in the statement changes.)
- D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable, unforeseeable for damages or injury resulting directly or indirectly from this authorization.

*If the licensed provider authorizes that the student possess and use an asthma inhaler and/or an epinephrine autoinjector:

- Authorization for Student Possession and Use of an Asthma Inhaler and/or Authorization for Student Possession and Use of an Epinephrine Autoinjector form(s) must be completed.
- Parent/Guardian will provide a backup dose of the medication (Epinephrine) to the school principal or nurse as required by law.
- It is strongly recommended that Parent/Guardian provide a second inhaler to be stored in the clinic in the event that
- The student does not have his/her inhaler.
- The student should be responsible to report use of inhaler to the nurse and/or principal.

Parent/Guardian Signature _____ Date _____
Phone during school _____ Other phone _____ Cell phone _____

THIS SECTION TO BE COMPLETED BY LICENSED PRESCRIBER

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student.

Medication _____ Date of Authorization _____
Dosage _____ Time(s) to be given _____ Start Date _____ End Date _____

Adverse reactions to be reported _____

Diagnosis _____

Licensed prescriber emergency telephone _____ Alternate telephone _____

Special Instructions _____

Administration _____

Storage _____

Other _____

Prescriber name (print) _____ Signature _____

Prescriber address _____

FOR SCHOOL USE ONLY

The following school personnel have read this form and are authorized to administer the medication as outlined:

Nurse's Signature _____ Date _____

Principal's Signature _____ Date _____

Signature _____ Date _____

*Copies must be provided to Principal and School Nurse assigned to the student's building. Teachers should be notified of student carrying Asthma Inhaler or Epinephrine Autoinjector.