



Madison Local School District
MES Phone (513) 420-4755, Fax (513) 420-4915
MJSHS Phone (513) 420-4760, Fax (513) 420-4914

PERMIT FOR ADMINISTERING PRESCRIPTION MEDICATION

(In accordance with Ohio Revised Code 3313.713)

The use of medication during school hours is discouraged. Use this form if it is essential for a student to receive medication during the school day.

THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN

Name of Student _____ Birth Date _____

Student's Address _____
Street _____ City _____ Zip Code _____

School _____ Class/Grade _____

I request school personnel to administer the medication as instructed and agree to notify the school if I change physicians or if the medication is changed or eliminated. I will deliver the medication to the school in the original container and understand the medication is not to be transported by my child. I understand that it is the student's responsibility to report on time for this medication. I agree to hold school employees and the Board of Education free from all responsibility resulting from use of this medication.

Parent/Guardian Signature _____ Date _____

Telephone during school hours _____ Other phone _____

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN

Medication _____ Date of Authorization _____

Dosage _____ Special Instructions _____

Time(s) to be given _____

Date to begin _____ Date to end _____

Adverse reactions to be reported _____

FOR ASTHMATIC STUDENTS – SELF-MEDICATION BY INHALER

Student should keep inhaler on person YES NO

Adverse reactions for unauthorized use of inhaler _____

Procedure to follow in the event the medication does not produce relief from asthma attack _____

Prescribing Physician _____ Physician's Signature _____
PLEASE PRINT NO STAMPS

Physician's Emergency Phone _____ Alternate Phone _____