

SUMMIT ACADEMY OF SOUTHWEST OHIO
Permission for Medication Administration Form
for **Over-the-Counter** and **Prescription Medications**

In accordance with Ohio Revised Code 3313.713 and our school policy, a parent or guardian consent and a doctor or dentist consent is required for all medications to be given to a student by school personnel. This includes over-the-counter medication. All requested information must be completed in full, including physician's signature and returned to the school office. A written order from a physician is required for a student to carry an inhaler or Epi-Pen.

This box to be completed in full by the parent / guardian

Note: Students may not transport medication, unless physician has completed a written order to carry an inhaler or Epi-Pen.

Name of Student _____ Date of Birth _____ Grade _____

Student's Address _____

I authorize school personnel at Summit Academy of Southwest Ohio to administer medication to my child. I agree to deliver the medication in a timely manner to the school in the original container with pharmacy label, if applicable. I will notify the school if I change physicians or if the medication is changed or eliminated. I understand it is my child's responsibility to report on time for this medication. I fully release Summit Academy of Southwest Ohio, its employees and Board of Directors from all liability related to the administration of this medicine.

Parent/Guardian Signature _____ Date _____

Printed Name _____ Phone during school hours _____

Parent/Guardian Signature _____ Date _____

Printed Name _____ Phone during school hours _____

This box to be completed in full by the physician

Date of Authorization _____ Start Date _____ Stop Date _____

Child's Weight _____ lbs. ALLERGIES: DRUGS _____ FOOD _____

- Acetaminophen (i.e. Tylenol) _____ mg q4-6h - for minor discomforts associated with headache, fever or muscle pain
- Ibuprofen (i.e. Motrin, Advil) _____ mg q6-8h - for minor discomforts associated with headache, fever or muscle pain
- Naproxen (i.e. Aleve) _____ mg q8-12h - for minor discomforts associated with headache or muscle pain
- Calcium carbonate (i.e. Tums) 750 - 1500 mg no more than twice per day - for upset stomachs, indigestion

First aid items:

- Triple antibiotic ointment for minor wounds
- Hydrocortisone cream (1%) for itching
- Cough drops - 1 drop q2h
- Caladryl Clear for itching from insect bites, rashes
- Pseudoephedrine _____ mg.q _____ h for congestion

Allergies: for orders related to specific symptoms submit an allergy plan

- Diphenhydramine HCL (i.e. Benadryl) - _____ mg po q _____ h for minor allergic reactions
- Epi-Pen _____ mg , IM, into outer thigh and call 911 for emergency treatment of severe, life threatening allergic reaction

(Students who carry an Epi-pen must provide a back up pen to the school office per ORC3313.718)

Asthma Inhaler _____ - _____ puffs q _____ PRN for wheezing, shortness of breath, cough

Other Medication _____	Dosage/ Route _____	Time(s) to be given/ Frequency _____
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Other Medication _____	Dosage/ Route _____	Time(s) to be given/ Frequency _____
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Adverse reactions to be reported for any listed medication: _____

Special instructions: _____

Procedure to follow if medication does not relieve symptoms: _____

Prescribing physician (print) _____ Signature _____

Physician emergency telephone _____ Alternate phone # _____ Fax # _____

If the medication named above is an asthma inhaler or Epi-Pen, please complete this portion of the form for the child to self-administer: I agree that the student has been instructed in the proper use of the inhaler or Epi-pen, the expected results and possible side effects, and is capable of carrying and self-administering the medication. YES ___ NO ___ MD