



Akron Children's Hospital

School Health Services

Prescription Medication Administered at School

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Class/Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

To Be Completed by Doctor:

Name of medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to be given: \_\_\_\_\_ (during school hours)

Reason for medication: \_\_\_\_\_

Form of medication: \_\_\_ Tablet \_\_\_ Liquid \_\_\_ Inhaler \_\_\_ Nebulizer \_\_\_ Other

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

Potential adverse reactions to be reported: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Printed Name Phone: \_\_\_\_\_

To Be Completed by Parent/Guardian:

I give permission for my child to receive medication at school according to the school district policy and as instructed by the physician and agree to:

- Assume responsibility for safe delivery of the medication in its original container to the school
Have a new form completed by the doctor if medication or dosage is changed
Notify the school of changes in health care provider
Allow School Health Services staff to contact the prescribing physician with any questions regarding the administration of this medication

I hereby release from liability, and in addition agree to indemnify, all school employees, the Board of Education and School Health Services for damages or injury resulting from the use, misuse or nonuse of such medication except as such Board, School Health Services or its employees are grossly negligent or engage in wanton or reckless misconduct

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR\*\*

Rev 7/09

Student; \_ DOB;

**To Be Completed by Doctor:**

Time to given: (during \$01100} hours)

Reason for medication:

Spacial Instructions:

Possible adverse reactions to be reported

**Physician's Signature: Date:**

To Be Completed by Parent/Guardian: I give permission for my child to receive medication at 502100! according to the school's policy 9050; and as instructed by the physician and agree to:

Assume responsibility for safe delivery of the medication. in its original container to the school

\*9 Have a new form completed by the doctor if medication or dosage is changed

1» the school of changes in the child's care provider

via School Health Service; staff in contact the prescribing physician with any questions regarding

the administration of this medication

I release from liability) and in addition: agree to indemnify all school employees, 151:: Board of Education and School Health Services for damages or injury resulting from the use or misuse or nonuse of such medical equipment. Such Board, School Health Services (3:- its employees must be grossly negligent or engaged in reckless misconduct

**Lie**