

# BELLEVUE CITY SCHOOLS MEDICATION AUTHORIZATION FORM

Each medication requires a separate form

## Student Information

Name	Date of birth	School	Grade/Teacher	School year
Home Address/City/County of residence	List any known medication allergies or reactions		Height	Weight
Extra-curricular activities:				
Parent/Guardian Name	Phone Number	Cell Number	Work Number	Other
Parent/Guardian Name	Phone Number	Cell Number	Work Number	Other

## Prescriber Authorization

### MEDICATION

Name of medication	Dosage	Route	
Time/Frequency	Circumstances for use:	Date to begin med. administration:	Date to end med. administration:
Special instructions:		Does this medication require refrigeration? ___ YES ___ NO	Is the medication a controlled substance? ___ YES ___ NO

Treatment in the event of adverse reaction :

Possible Severe Adverse Reaction(s)/or side effects to be reported to the licensed healthcare provider:

- a. For the student prescribed:
  
- b. For another/unintended user who receives a dose:

Procedure for school employees to follow if student is unable to administer the medication or if it does not produce the expected relief:

### EPI-PEN

**Epinephrine Auto-injector: Dosage to be administered intramuscularly into anterolateral aspect of the thigh**  
 Reminder: If student is to self-carry epinephrine, **a back-up dose is required** to keep in the school office. 911 should always be called if an Epi-pen is used.

- Student needs to have Epinephrine Auto-injector locked in the school office.
- Student needs to carry Epinephrine Auto-injector on the bus.
- Student needs to carry Epinephrine Auto-injector on person at all times. As the prescriber, I have determined that this student is capable of possessing and using this auto-injector appropriately and have provided the student with training in the proper use of the auto-injector.
- Student needs to have Epinephrine Auto-injector available the following months of the year:  
 All year or  Aug  Sept  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  June

### INHALER

**Asthma Inhaler**

- Student needs to have asthma inhaler locked in the school office.
- Student needs to carry asthma inhaler on person at all times. As the prescriber, I have determined that this student is capable of possessing and using this inhaler appropriately and have provided the student with training in the proper use of the inhaler.

### PRESCRIBER

<b>Prescriber Signature:</b>	Date:	Phone:	Fax:
<b>Prescriber Name (print)</b>			
Reminder: ORC 3313.718 requires a backup Epinephrine Auto-injector to be kept in the school office and best practice recommends a back-up asthma inhaler.			

**BELLEVUE CITY SCHOOLS  
MEDICATION AUTHORIZATION FORM**

Each medication requires a separate form  
**(Parent Guardian Signature needed on back of this form.)**

**Parent/Guardian Authorization** (Please sign to authorize medication to be administered at school- including self-carry-also see below.)

<b>Student' Name:</b>	<b>Date of Birth:</b>	<b>Medication:</b>
<ul style="list-style-type: none"><li>• I authorize an employee of the school board to administer the above medication. I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. I also authorize the school principal or nurse to talk with the prescriber or pharmacist to clarify the medication order.</li><li>• This Medication Authorization form must be received by the principal, his/her designee, and/or the school nurse.</li><li>• I understand that the medication must be in the <b>original</b> container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the drug expiration date when appropriate.</li></ul>		
<b>Parent/Guardian signature:</b> _____ <b>Date:</b> _____		

**Parent/Guardian Self-Carry Authorization** (Signature to authorize student to self-carry Asthma inhaler or Epinephrine auto-injector)

<ul style="list-style-type: none"><li>• For Epinephrine Auto-injector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine auto-injector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered.</li><li>• I will provide a backup dose of the medication to the school principal or nurse as required by law.</li><li>• For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.</li></ul>
<b>Parent/Guardian signature:</b> _____ <b>Date:</b> _____

Modification of HEA 7758 5/11

Revised 2/2012

Students requiring medication are encouraged to receive the medication at home, if possible. When your child must receive medication at school, the medication must be administered in compliance with the Bellevue City School Board Policy and Ohio Revised Code.

The following steps are to be followed before students may receive medication at school:

- **The Medication Authorization Form including licensed prescriber\* and parent/guardian signature(s) must be completed for any medication (prescription or over-the-counter).** A separate request form must be completed for each medication.
- The parent/guardian is responsible to bring the medication to school. **Students may not carry medication.** An exception may be made for emergency medications, specifically asthma inhalers and Epinephrine auto-injectors, which the licensed prescriber has designated to be appropriate for the particular student to carry and specific criteria are met.
- If a student is to self-carry an **Epinephrine auto-injector** at school for emergency treatment, Ohio Revised Code (ORC) **requires a back-up Epinephrine Auto-injector** be kept in the school office. EMS will be called whenever Epinephrine is administered. If an inhaler is to be carried by a student, ORC recommends **a back-up inhaler** be kept in the school office.
- All medication must be in the **original** container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the drug expiration date when appropriate.
- A new form needs to be completed each year and whenever the medication dosage or the procedure is changed.
- The parent is responsible to notify the school if there is a change in the licensed prescriber or the medication is discontinued or changed.

Additional Medication Authorization Forms are available in the school office.

If you have any questions, please contact Laura Shaw, R.N., at 419-484-5094 or [Laura.Shaw@bellevueschools.org](mailto:Laura.Shaw@bellevueschools.org)