

**Sandusky Central Catholic School**

Sandusky Central Catholic School – 530 Decatur St., 419-626-1648 Ext. 273 (nurse)FAX 419-621-0404  
St. Mary Central Catholic High School – 410 W. Jefferson St., 419-626-1729 (Nurse )FAX 419-621-2252

**Physician’s Request for the Administration of Medication in School**

(Physician’s order for medication in accord with 3313.713 and 3313.716 Ohio Revised Code)

Student’s Name \_\_\_\_\_ Date \_\_\_\_\_

Student’s Address \_\_\_\_\_ Phone \_\_\_\_\_

Campus \_\_\_\_\_ Grade or Class \_\_\_\_\_ Date of Birth \_\_\_\_\_

| Medication | Route | Dose  | Time of Administration |
|------------|-------|-------|------------------------|
| _____      | _____ | _____ | _____                  |
| _____      | _____ | _____ | _____                  |

\_\_\_\_\_

\_\_\_\_\_

Starting date of this request \_\_\_\_\_ Termination date for medication \_\_\_\_\_

Special instructions (if any) \_\_\_\_\_

**MEDICATION WILL BE ADMINISTERED BY SCHOOL PERSONNEL (unless otherwise stated).**

Adverse reactions that should be reported to the physician: \_\_\_\_\_

Adverse reactions school personnel should look for in an unauthorized user: \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Emergency phone where physician can be reached \_\_\_\_\_

**FOR ASTHMATICS: STUDENT IS ALLOWED TO CARRY THEIR INHALER AND SELF ADMINISTER PER PHYSICIAN’S ORDER: YES [ ] NO [ ]**

Procedure to follow in the event the asthma medication does not produce the expected relief: \_\_\_\_\_

Any adverse reactions to student or unauthorized user that should be reported to physician: \_\_\_\_\_

Physician’s Signature \_\_\_\_\_ Date \_\_\_\_\_ Emergency phone where physician can be reached \_\_\_\_\_

Parent’s Request for the Administration of Medication in School

I request the school staff to administer the medicine to my child as ordered above by the attending physician. I will submit to the school a revised “Request” form signed by the physician and myself if there is any change in the above orders. I understand that I am required by Ohio law to provide the school with the medication in the original container as dispensed by the physician or pharmacist.

Parent’s/Guardian/s Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

*Parents: please read the reverse side for guidelines for administering medication.*

### **Administering Medication**

The general policy of Sandusky Central Catholic School is that no medication is to be administered to students by school employees, and students are not to be in possession of medication in school. There are, however, some exceptions made. The management of medication in specific situations is arranged cooperatively by the parent, physician, principal, school nurse, teacher, and student.

In those specific situations where a student regularly needs medication at school, the parents shall be given a form to complete so that school personnel may carry out the procedure outlined in the policy governing administering medication.

The important points to remember if you want school personnel to administer prescription medication to your son/daughter are:

- In order for medication to be administered in school, a physician's request form must be completed and signed by both the physician and parent. This must be done before the medication can be given.
- Medication must be received in the original container, appropriately labeled and dispensed by a pharmacist or physician. Please ask pharmacist for one extra labeled container for school.
- Medication will be stored by school personnel in a locked area.
- The medication will be administered by the school nurse, principal, or qualified person designated by the principal.
- Non-prescription medications will not be dispensed by school personnel unless the above requirements are met.
- Copies of the form for administering prescription medication are available from the school.