



BEAVERCREEK CITY SCHOOLS
3040 Kemp Road, Beavercreek, OH 45431
School Health Services

REQUEST FOR THE ADMINISTRATION OF PRESCRIBED/NON-PRESCRIBED MEDICATION AT SCHOOL

PART I - TO BE COMPLETED BY A PHYSICIAN

NOTE: Whenever possible, medication should be scheduled so the student does not have to take it during school hours.

- 1. Name of Student
2. Address of Student
3. School Building Grade
4. Name of medication to be administered or procedure requested
Quantity (dosage) Times Date to Begin
5. Possible reactions that might occur which should be reported to physician
6. Special instructions, if required (administration of drug, sterile conditions, storage, etc.)
7. Medication to be continued as above until (date)
8. Physician's Name (please print)
Physician's Address (street) (city) (zip)
Physician's Phone No. Physician's Emergency Phone No.
PHYSICIAN'S SIGNATURE Date

PART II - TO BE COMPLETED BY A PARENT OR GUARDIAN

We (I) understand that the administration of said medication is to be done under the supervision of an adult member of the school staff and/or trained clinic volunteers.

FURTHER, we (I) agree to hold the Beavercreek City School District's Board of Education and its members, administrators, supervisors, employees and volunteers free from any and all responsibility or liability arising out of their administering any medication or performing any medical procedure in accordance with the directions/instructions indicated above by the Physician and to indemnify each of them against any liability, cost, expenses (including attorney fees) which may be incurred as a result of their administration of any medication or performing any medical procedure in accordance with the directions/instructions indicated above by the Physician.

FURTHER, we (I) agree to deliver the medication to the school in the original container from the prescribing physician or licensed pharmacist, properly labeled by same, this label to include name of student, physician, date, dosage instruction (quantity and times), and name of medication. Non-prescribed medication must also be delivered in the original container. Medication cannot be sent to and from school on the bus.

FURTHER, we (I) will notify the school immediately if we change physicians or medication or terminate the use of this medication for any reason, and will report immediately to the school to pick up the remainder of said medication.

CUSTODIAL PARENT/GUARDIAN must sign this release.. If children are in foster home and placement is by agency that holds custody, agency must sign.

SIGNATURE of Custodial Parent/Guardian Date

Home Telephone Work Telephone

PART III - TO BE COMPLETED BY THE SCHOOL

Signature of Nurse (or other person who will administer medication) Date

Signature of Principal Date

RETURN THIS FORM TO THE SCHOOL NURSE