AUTHORIZATION TO ADMINISTER MEDICATION IN TOLEDO PUBLIC SCHOOLS

A NEW FORM MUST BE COMPLETED WHENERVE THE PRESCRIPTION CHANGES AND AT THE BEGINNING OF EACH SCHOOL YEAR

Student's name: _____Address:_____ Grade: ____ School: _____

This form must be completed with health care provider and parent/guardian signatures AND, if the student is carrying an inhaler or epinephrine auto-injector (EpiPen) the required written information must be received, before any medication can be administered at school. Generally, Toledo Public Schools discourages the taking of any medication during the school day. There are however, some unique circumstances which require administration of prescribed medication for students.

School Personnel will be permitted to administer medications only when no alternative is available.

TO BE COMPLETED BY HEALTH CARE PROVIDER

It is necessary for the following medication to be taken during the school day at the time (s) indicated below:

Date Student examined: _____ Diagnosis (optional): _____

Medication Prescribed: _____ Dosage: _____

Time: _____ Route: _____ Side effects: _____

Administration to begin: __/__/__ end: __/__/__

Special instructions: _____

The named student knows and understands the proper use of his/her inhaler or epinephrine auto-injector (EpiPen) and should be allowed to carry it on his/her person: Inhaler: Yes ___No ___ **or** EpiPen: Yes___No ___
If YES is marked, the health care provider must have completed all additional information on reverse of this form.

Health Care Provider's Name: _____ NPI: _____

Signature: _____ Date:_____ Phone: _____

TO BE READ AND COMPLETED BY PARENT/GUARDIAN (or Student if age 18 or older)

I authorize school personnel to administer the above medication to this student as ordered by the health care provider. I also authorize Toledo Public Schools' nurse to consult with the Health Care Provider named above about the student's medication needs. I understand that I am responsible for delivering prescribed medication to the student's school in its original container (as labeled by the pharmacy), and for assuring that an adequate supply of the medication has been provided to the school.

If the Health Care Provider has indicated that the student should be permitted to carry an inhaler/EpiPen at school, I understand the student is responsible for the proper maintenance and use. I understand that if the student is found to have shared his/her medication with other students. Or otherwise abused the medication or device, the student will not be permitted to carry his/her inhaler/EpiPen at school and disciplinary action may also occur. I understand, and have informed the student that (s)he must notify the school bus driver, principal, nurse or teacher if his/her inhaler is lost or is taken from him/her by another person.

In consideration of the administration of medical services as requested and authorized above, I/We, for myself/ourselves, and my/our heirs, executors, administrators and assigns, do herby waive, release and forever discharge and agree to indemnify and defend the Board of Education of the Toledo City School District, its members, officers, administrators, employees, servants, and agents from and against all claims, demands or causes of action by any person or entities for loss, cost ,injury or damage whatsoever arising from or claimed to arise from or in any way connected with the administration of medical services to the student named above.

As Parent(s)/Guardian(s) of the child named above, I/we acknowledge that I/we have read and understand these statements.

Parent/Guardian name (print): _____ Emergency Phone: _____

Parent/Guardian signature: _____ Date: _____

School Nurse's signature: _____ and/or Principal's signature: _____

COMPLETE OTHER SIDE OF FORM

Information to be provided by Health Care Provider when student is authorized to carry an inhaler or epinephrine auto-injector.

Name of medication: _____

Circumstances in which the medication should be used:

_____

_____

Procedures school employees should follow in the event the student is unable to administer the medication or the medication does not produce the expected relief:

_____

_____

Any severe adverse reactions that may occur to the child using the medication that should be reported to the prescriber:

_____

_____

Any severe adverse reactions that may occur to another child, for whom the medication is not prescribed, should such a child receive a dose of the medication:

_____

_____

Per ORC 3313.718, the school principal or school nurse must receive a backup dose of the epinephrine auto-injector for the student to possess and use the auto-injector at school.

It is highly recommended the principal or school nurse receive a backup dose of the inhaler.