

GREENVIEW LOCAL SCHOOLS MEDICATION PERMIT

In accordance with Ohio Revised Code 3313.713. A new permit is required each school year and at any changes of medication or treatment. Greeneview Local Schools requires that the following information be provided before it will administer medication or treatment to the student.

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

Name of Student _____ Date of Birth _____

Student's Address _____

School _____ Grade _____ Home Room _____

A. I am requesting permission for my child named above to: **(Check all that apply)**

- _____ receive medication from an authorized staff member in accordance with the authorized prescription written below.
- _____ carry & self-administer an asthma inhaler and/or epinephrine autoinjector in accordance with the authorized prescription written below.
- _____ receive prescribed treatment in accordance with the authorized prescription written below.

B. I will assume responsibility for safe delivery of the medication/drug to school. Medication **may not** be sent to school in the student's lunch box, pocket, back pack, or any other means on or about his/her person. The medication/drug must be received by the District (i.e., the person authorized to administer the drug to the student) in the container in which it was dispensed by the prescriber or pharmacist or in its original over-the-counter container.

C. I will notify the school immediately if there is any change in the use of the medication/drug or the prescribed treatment. I understand a new School Medication Permit must be completed and submitted to school each time changes are made to the prescription or treatment.

D. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable, unforeseeable, for damages or injury resulting directly or indirectly from this authorization.

*If the licensed provider authorizes the student to carry and self-administer an asthma inhaler or an epinephrine autoinjector:

- Parent/Guardian will provide a backup dose of the medication (Epinephrine) to the school principal or nurse as required by law.
- It is strongly recommended the Parent/Guardian provide a second inhaler to be stored in the clinic in the event the student does not have his/her inhaler.
- The student should be responsible to report use of inhaler to the nurse and/or principal.
- The parent/guardian must sign and date the Carry/Self-Administer box below and the licensed prescriber must check the Carry/Self-Administer Authorization.

Parent/Guardian Signature _____ Date _____

Phone during school _____ Other phone _____ Cell phone _____

Parent/Guardian Authorization for Child to Carry/Self-Administer an Epinephrine Autoinjector or Asthma Inhaler

- For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered.
- 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.

Parent/Guardian Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY LICENSED PRESCRIBER

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student.

Medication _____ Date of Authorization _____

Dosage _____ Time(s) to be given _____ Start Date _____ End Date _____

_____ AUTHORIZATION FOR CHILD TO CARRY/SELF-ADMINISTER AN ASTHMA INHALER OR EPINEPHRINE AUTOINJECTOR AS PRESCRIBED.

Adverse reactions to be reported _____

Diagnosis _____

Licensed prescriber emergency telephone _____ Alternate telephone _____

Special Instructions _____

Administration _____

Storage _____

Other _____

Prescriber name (print) _____ Signature _____

Prescriber address _____

FOR SCHOOL USE ONLY

The following school personnel have read this form and are authorized to administer the medication as outlined:

Nurse's Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Greeneview Elementary School Clinic
Phone: 937/675-6867
Fax: 937/675-2438

Greeneview Middle School Clinic
Phone: 937/675-9391
Fax: 937/675-6866

Greeneview High School Clinic
Phone: 937/675-9711
Fax: 937/675-6805

Dear Parent/Guardian,

This School Medication Permit must be completed if your child will need to take over-the-counter (OTC) medication or prescription medication during school hours. Both you and your child's doctor or licensed prescriber must complete sections of this form. Medication provided to school must be in the original OTC container or the prescription bottle. The parent/guardian must bring the medication to the school clinic. The medication will be administered, as ordered, by a staff member trained to administer medications.

Directions to complete the School Medication Permit for medication that will be stored in the school clinic and administered by a trained staff member.

1) The Parent/Guardian must complete the 1st box.

Leave the 2nd box blank unless you and your child's doctor authorize your child to carry and self-administer either an Asthma Inhaler or an Epinephrine Autoinjector.

2) The child's doctor or licensed prescriber must complete the 3rd box.

Directions to complete the School Medication Permit if you intend for your child to carry/self-administer either an Asthma Inhaler or an Epinephrine Autoinjector.

Please Note: ALL of the following conditions MUST be met or your child's Asthma Inhaler or Epinephrine Autoinjector will be stored in the school clinic and administered by trained staff:

1) The Parent/Guardian must complete the 1st box on the school medication permit.

2) The Parent/Guardian must complete the 2nd box on the school medication permit, giving parental/guardian permission for the child to carry and self-administer the medication.

3) **The child's doctor or licensed prescriber must authorize the child to carry and self-administer an Epinephrine Autoinjector by 'checking' the statement in the 3rd box that states,**

“ _____ AUTHORIZATION FOR CHILD TO CARRY/SELF-ADMINISTER AN ASTHMA INHALER OR EPINEPHRINE AUTOINJECTOR AS PRESCRIBED.”

4) A second Epinephrine Autoinjector **must** be provided to school and stored in the school clinic if your child is authorized to carry/self-administer an Epinephrine Autoinjector.

Please call the school clinic if you have any questions or more info to share regarding your child's health.