

# Cardinal Local School District

## Request for Administering Medication

Cardinal High School \_\_\_\_\_  
 14785 Thompson Avenue, Box 7  
 Middlefield, Ohio 44062  
 PHONE: (440) 632-0261 Option 5  
 FAX: (440) 632-1734

Cardinal Middle School \_\_\_\_\_  
 16175 Almeda Drive, Box 879  
 Middlefield, Ohio 44062  
 PHONE: (440) 632-0261 Option 4  
 FAX: (440) 632-0294

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Jordak Elementary School \_\_\_\_\_  
 16000 East High Street, Box 188  
 Middlefield, Ohio 44062  
 PHONE: (440) 632-02621 Option 2  
 FAX: (440) 632-5192

Student	Date of Birth	School	Grade/Teacher
Street Address	P. O. Box	City	Zip Code

### PHYSICIAN'S SECTION

Name of Drug & Dosage	Frequency & Time of Administration	Reason for Medication
Possible Side Effects _____		
Duration of Prescription _____		
Special Instructions (i.e. Storage/Sterile Condition) _____		
Physicians Signature	Date	Physician's Printed Name
Address		Telephone

### PARENT'S SECTION

We (I) undersigned, who are the parents/guardians of the above mentioned child request that medications outlined above and prescribed by the above physician be provided to our child. We (I) authorize the school to appoint a qualified designated person(s) to perform the above prescribed treatment as directed by the physician. We (I) agree to notify the school personnel immediately if there is any change in either the child's treatment regimen or the authorizing physician.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Telephone Number (Home) \_\_\_\_\_ Telephone Number (Work) \_\_\_\_\_

### OHIO NURSES ASSOCIATION

#### Guidelines for Administration of Medications by School Personnel

- When it is necessary for school personnel to administer prescribed medication, the following guidelines are to be followed:
1. All school personnel must be informed that the administration of any drug (prescribed or over the counter) without the order of the physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.
  2. The principal of each building shall appoint a responsible person or persons to supervise the storing and administering of the medication in the absence of the school nurse.
  3. Written request must be obtained from the physician and the parent/guardian before any medication may be administered by school personnel.  
 The request must include instructions as to name of medication, dosage, time, and duration of medication, and possible side effects.
  4. Medication must be in original containers (child proof) and have an affixed label including the student's name, name of medication, dosage, route of administration, and time of administrations.
  5. New request forms must be submitted each school year and as necessary for changes in medication order.
  6. It is advised that the medication and the signed permission forms be brought to the school by the parent/guardian.
  7. The school nurse is responsible for the monitoring of medications administered by school personnel. The school nurse is responsible for providing education including specific instructions pertinent to the medication. Trained school personnel will give medications only when the enrollee is out of the facility.
  8. Accurate records of the medication given must be kept in the student's record.

# CARDINAL SCHOOLS MEDICATION GUIDELINES

## These guidelines are in accordance with the Ohio Revised Code

1. All medications can only be dropped off by an adult.
2. All medications must be in the original container and all medications must have the pharmacy label. All over the counter meds must be in original container with students name on it and current expiration date.
3. All medications must be counted upon arrival. Please have all over-the-counter meds in a new, unopened original container or if unable to purchase new bottle, only bring in partial amount so to avoid too many pills/tabs for the school year.
4. If medications are brought in before the med order form is completed by the physician and signed by parent/guardian, no medication will be administered at school until the med form is brought in. The medication form must be filled out completely with all required signatures and current dates.  
**All meds, prescription and over the counter require a doctor order with guardian consent, the same med form is to be used for both med types.**
5. Every school year, a new medication order form must be completed. (Even if for same med as previous school year).
6. Within the last 2 weeks of school year, an end of the year medication pickup form will be sent home as a reminder to pick up your student's meds. An adult must pick up the meds, medications will not be sent home with students, unless medication is an Epi-pen or Inhaler with a "consent to carry" doctor order. If not picked up during the specified timeframe, the meds will be discarded by the school nurses at designated medication drop off centers.
7. Overnight/day long field trips now require a separate container with a pharmacy label on all prescription medications. Only the amount of medication required for the duration of the trip is allowed in the container.
8. Middle and high school students who are able to carry their own rescue inhalers and Epi-pens must still have the Medication Administration Record Form completed by the parent and the physician. Students who carry Epi-pens must have a back-up Epi-pen in the clinic.